

SCHOOLS OF PUBLIC HEALTH

HEARINGS BEFORE A SUBCOMMITTEE OF THE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE HOUSE OF REPRESENTATIVES EIGHTY-FIFTH CONGRESS SECOND SESSION ON **H. R. 6771**

A BILL TO AMEND SECTION 314 (c) OF THE PUBLIC HEALTH SERVICE ACT, SO AS TO AUTHORIZE THE SURGEON GENERAL TO MAKE CERTAIN GRANTS-IN-AID FOR THE SUPPORT OF PUBLIC OR NONPROFIT EDUCATIONAL INSTITUTIONS WHICH PROVIDE TRAINING AND SERVICES IN THE FIELDS OF PUBLIC HEALTH AND IN THE ADMINISTRATION OF STATE AND LOCAL PUBLIC HEALTH PROGRAMS

JANUARY 29 AND 30, 1958

Printed for the use of the Committee on Interstate and Foreign Commerce



UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON 1958

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SCHOOLS OF PUBLIC HEALTH

WEDNESDAY, JANUARY 29, 1958

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH AND SCIENCE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The committee met at 10 a. m., pursuant to notice, in room 1333, Hon. John Bell Williams (chairman of the subcommittee) presiding

Mr. WILLIAMS The committee will be in order

Today the Subcommittee on Health and Science is holding hearings on H. R. 6771, a bill introduced by Congressman Rhodes to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public-health programs. A copy of the bill will be inserted in the record at this point

(H. R. 6771 follows)

[H. R. 6771, 85th Cong., 1st sess.]

A BILL To amend section 314 (c) of the Public Health Service Act, so as to authorize the Surgeon General to make certain grants in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the last sentence of subsection (c) of section 314 of the Public Health Service Act, as amended (42 U. S. C. 246 (c)), is amended to read as follows: "Of the sum appropriated for each fiscal year pursuant to this subsection there shall be available (1) an amount, not to exceed \$3,000,000, to enable the Surgeon General to provide demonstrations and to train personnel for State and local health work and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist States in carrying out the purposes of this subsection, and (2) an amount, not to exceed \$1,000,000, to enable the Surgeon General to make grants-in-aid, under such terms and conditions as may be prescribed by regulations, for the support of public or nonprofit educational institutions which provide comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs."

Mr. WILLIAMS We have a large list of witnesses for the 2 days of hearings that the subcommittee has scheduled, and I do not want to take up any of the subcommittee's time, which can be spent better by listening to the witnesses. However, before calling on our colleague, Mr. Rhodes, for a statement with regard to the content and purposes of his bill, I would like to say that the subcommittee is greatly indebted to our colleague for showing such a great interest in the welfare of the schools of public health. I know the subject is close to his heart, and it is an important one, which affects not only the schools of public health themselves, but the health of the people of the United States, as well as the health of many other nations where graduates

from our schools of public health are striving to improve health conditions. Without anything further, then, our first witness this morning is Congressman Rhodes.

STATEMENT OF HON. GEORGE M. RHODES, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr RHODES Thank you very much, Mr Chairman.

Mr Chairman, fellow members of the subcommittee, I appreciate the opportunity of appearing in support of my bill, H R 6771. I also wish to publicly thank the chairman for scheduling these hearings so promptly in the session.

It is my purpose to outline briefly the background of this legislation; to provide a general explanation of the needs, functions, and services provided by the schools of public health, and to describe the broad areas of public-health activities vitally affected by this proposal.

The distinguished witnesses testifying before our subcommittee today and tomorrow will provide detailed information on every phase of this important subject. I feel we are particularly fortunate to have such a representative group of witnesses, each of them eminently qualified by training and experience to discuss the various types of public-health programs and their relationship to the professional training provided by the schools of public health.

Mr Chairman, before proceeding with my testimony, I would like to mention several outstanding authorities in this field who are filing statements for the hearing record. All had originally planned to appear as witnesses before our subcommittee in support of H R 6771, but illness in one case and a conflict in schedules in the others has prevented them from being here today.

The first of these authorities is our distinguished House colleague, Congressman John E. Fogarty, of Rhode Island, chairman of the Appropriations Subcommittee having jurisdiction over public health and related fields. As all of us know, Congressman Fogarty is an outstanding expert on all matters affecting health, medical research, and other activities of our Government in this important area.

I would like to read just a paragraph from Congressman Fogarty's prepared statement.

This is an important measure, bearing directly and vitally on the health and strength of the United States. I endorse H R 6771 most strongly, and urge you to throw your full support behind it. I am confident that you will do so, when a careful study of the facts reveals to you, as it has to me, how urgently the country needs this legislation.

Mr Chairman, I ask that the complete text of Congressman Fogarty's statement be made a part of the hearing record at the conclusion of my statement.

Mr WILLIAMS Without objection it will be so included.

Mr RHODES Three other distinguished gentlemen were also unable to appear here in person. All are expressing their support of H R 6771 in written statements. They are Dr. Felix J. Underwood, secretary and executive officer, Mississippi State Board of Health; Dr. Howard Rusk, associate editor of the New York Times and former Chairman of the Rusk Committee; Dr. Raymond B. Fosdick, former president of the Rockefeller Foundation.

In addition, the beloved former First Lady of our land, Mrs. Eleanor Roosevelt, was prevented from testifying by a previous speaking

engagement, but she will file a statement for the record in support of H R 6771

H R 6771 has also been endorsed by such organizations as American Public Health Association, American Hospital Association, Association of State and Territorial Health Officers, National Congress of Parents and Teachers, AFL-CIO, American Parents Association

It is also endorsed in statements and letters from many of the individual State health officers most directly concerned with public health educational needs, as well as receiving the endorsement of the deans and directors of the 11 schools of public health and by the respective presidents of their universities

Mr Chairman, I will now proceed with my prepared statement, as to the background of H R 6771

In February 1957 our distinguished colleague, Dr Neal and myself were named by Chairman Harris to represent the committee at the annual meeting of the Association of Schools of Public Health. At this meeting we had the opportunity to meet with the deans and directors of these institutions providing specialized graduate and undergraduate training in the field of public health and to discuss with them their current problems and responsibilities

In my report to the chairman, dated March 6, 1957, I called attention to the financial needs of these schools in supplying the increasing demand for public health physicians, dentists, engineers, hospital administrators, nurses and other related positions. It said, in part

In discharging its responsibilities in the field of public health, the Federal Government relies to a considerable extent on the teaching and research activities of the schools of public health, and it, therefore, has a direct interest in the adequate functioning of these schools * * * The large numbers of foreign students who attend schools of public health in the United States makes these schools important centers for our international health programs which are an integral part of our foreign policy

The report concluded

We believe these schools are playing an important role in promoting the health and welfare of our people and people of foreign nations, and that, therefore, their problems are worthy of careful study by this committee and its Subcommittee on Health and Science

Shortly thereafter, I introduced H R 6771, a bill to amend section 314 (c) of the Public Health Service Act, to enable the Surgeon General to make grants-in-aid, not to exceed \$1 million annually, for the support of public or nonprofit educational institutions which provide comprehensive training and services in the fields of public health and in the administration of State and local public health programs. An identical bill, S 2580, has since been introduced in the Senate, sponsored jointly by Senators Hill, Ives, Kennedy, McNamara, and Cooper

IMPORTANT ROLE OF SCHOOLS OF PUBLIC HEALTH

Mr Chairman, the role of schools of public health was described in great detail in a staff report of our committee entitled "Medical School Inquiry," issued last March. Therefore, I will only mention in a general way the operation and public service aspects of these schools. Other witnesses representing the schools of public health will specifically deal with this matter

There are 11 schools of public health in the United States. Six are private institutions—Yale University, Johns Hopkins University, Columbia University, Harvard University, Tulane University, and the University of Pittsburgh. Five are publicly supported—University of Minnesota, University of North Carolina, University of Michigan, University of California, and the University of Puerto Rico.

Activities Schools of public health train doctors, nurses, engineers, and other professional health workers in the identification of diseases and health hazards affecting the community, in the location of their causes, and in the development of methods of control.

They deal with such problems of the modern age as the prevention and control of radiological hazards, accidents in homes and factories, on the highways and in the air, the chronic diseases such as mental illness, cancer and heart disease which have increased with the lengthening life span of our population, the other special problems of the aging and those involving the health of mothers and children. Industrial health, school health, and the health protection of our military forces—Army, Navy, and Air Force, are very much the concern of the schools in educating physicians for duty in these areas.

Enrollment During the academic year 1956-57 these 11 schools of public health enrolled 1,159 graduate students and 536 undergraduates.

At this point, Mr Chairman, I would like to include in the record a breakdown of those 1,159 students to show how many came from each school. That request was made by Congressman Heselton and I understand that he was unable to stay very long. He mentioned this before leaving.

Mr WILLIAMS The committee would be glad to receive it. (The information to be furnished follows.)

Schools of public health—enrollment, 1956-57, and degrees granted, 1956

School	1956-57 enrollment		Degrees granted, 1956		
	Graduate and special	Under graduate	Doctoral ¹	Masters ²	Bachelors
Total	1,159	536	28	570	118
California	116	126	0	87	40
Columbia	123	0	1	55	0
Harvard	136	0	6	70	0
Johns Hopkins	125	0	12	50	0
Michigan	154	104	1	77	23
Minnesota	155	212	1	58	49
North Carolina	109	39	2	63	6
Pittsburgh	79	0	2	27	0
Puerto Rico	60	55	0	26	0
Tulane	53	0	3	25	0
Yale	49	0	0	32	0

¹ Includes Dr. P. H., Ph. D., Sc. D., and other doctoral degrees.

² Includes M. P. H., M. S., and other masters' degrees.

Mr RHODES They were primarily physicians, nurses, and other professional health personnel who had already completed their basic professional training. Many of these students are employees of State and local health departments, the Public Health Service, the Armed Forces, and other public and voluntary agencies. They are sent to these schools by the agency employing them to receive the type of

advance training needed to enable them to function more efficiently in the public service

PUBLIC SERVICE

Schools of public health are essentially national schools, since students in the last academic year came from 47 States, the District of Columbia, 5 Territories and possessions, as well as from 64 foreign countries

Graduates of these schools serve primarily in official public health agencies—Federal, State, local, foreign, or international—as health officers, public health nurses, engineers, or other public health specialists. Other graduates teach at medical schools or schools of public health, conduct research, are employed by voluntary health agencies, serve in hospitals, or engage in other activities in the public health field.

Schools of public health take on the characteristic of "service academies" when we realize that of the graduates during the years 1950-55, over 70 percent are employed by Federal, State, and local health departments, and 22 percent by voluntary health agencies. This national characteristic of the schools is further emphasized by the fact that only 25 percent of them are employed in the State where the school is located, while 50 percent are employed in other States, and 25 percent in foreign countries.

EXISTING FEDERAL PROGRAMS

The Federal Government, in recognition of the need for more trained public health personnel, already provides aid for training in schools of public health. This is done directly under various Federal training programs and also indirectly through grants to the States for health purposes. Most of the aid takes the form of support for individual students.

An appreciable amount of teaching assistance has been made available to the schools from various units of the Department of Health, Education, and Welfare, including the National Institutes of Health. However, it should be pointed out that this aid is in the form of categorical grants for teaching in specific fields, and is of no help to the schools in strengthening other parts of their total programs.

Of the direct Federal programs providing aid for training, one of the most important is the public health traineeship program, a 3-year program inaugurated in 1956, providing graduate or specialized public health training for professional health personnel engaged in public health programs. Other direct training programs include those of the National Institutes of Health, the Atomic Energy Commission, the Office of Vocational Rehabilitation, and the International Cooperation Administration. In addition, the Public Health Service and the three branches of our Armed Forces send selected officers to the schools to meet their own needs for trained personnel.

Federal funds for research have already been provided and all of the schools are conducting important investigations which add new knowledge in the cause and prevention of diseases and other health hazards. However, research funds cannot be used for teaching salaries nor for general teaching operations. The schools' great need is for unrestricted funds which each can apply to the particular parts of its teaching program that have been weakened by insufficient financing.

NEED FOR TRAINED PUBLIC HEALTH SPECIALISTS

As our population has grown, so has grown the need for trained public health personnel. There is an increasing shortage of public health physicians, nurses, and sanitary engineers. In 1956 30 percent of the vacancies in local health officei positions went unfilled. New demands for public health specialists are being made, taxing the already inadequate financial capabilities of our schools of public health.

The present unmet demand represents, in part, a backlog of training requirements. At the same time, the potential needs and benefits of public health services are greater than ever before. Influencing factors are the continuing increase in our population, the establishment of new local health units, the recruitment program of the public health profession, and the trend toward increased public support for public health services. More general understanding and acceptance of professional education standards can be expected to keep the demand at a high level for many years to come.

As people begin to fully understand the advantages and the economy to the community of employing qualified personnel for public health programs, the demand for trained people increases. The demand for research workers in public health has also increased considerably as Congress has recognized the need and has increased appropriations for public health research. The present and prospective output of the schools of public health cannot meet these many demands without assistance, as contemplated in this legislation.

Mr Chairman, turning now to another aspect of public health training, I would like to emphasize its broad implications affecting our defense effort and our foreign policy.

DEFENSE AND PUBLIC HEALTH

Our greatest natural resource is a healthy population. Even in these days of missiles and nuclear weapons, our basic strength is in our people, whether they be in the armed services, working in defense plants, on the farm, or in the home.

Military experts have speculated about the chaos which would be the result of "germ warfare" techniques of an enemy aggressor. The deadly effects of radioactive fallout from nuclear explosions of the enemy could kill millions of our people, contaminate our water and food, crippling if not destroying our ability to resist. More localized epidemics of disease caused by sabotage could neutralize key defense installations and leave us vulnerable to attack.

These types of situations, horrible as they are to contemplate, must not be ruled out of the realm of possibility when we consider the ruthless nature of international communism. If we were faced by such crises, public health personnel would be in the frontline of our defense. Trained public health specialists in all fields should therefore be considered as an integral part of our Defense Establishment.

FOREIGN POLICY AND PUBLIC HEALTH

Public health also has a prominent role in our foreign policy. Under the point 4 and technical assistance programs, hundreds of trained public health specialists have given of their professional skills to disease-ridden peoples in the far off corners of the globe. These

devoted Americans are truly grassroots diplomats of healing and mercy, winning the gratitude and loyalty of peoples of the uncommitted areas of the world. In addition, hundreds of students of foreign nations attend American schools of public health each year, taking back with them the most modern medical techniques to improve the health standards of their people.

The President, in his state of the Union address, emphasized the importance of such programs when he said

Another kind of work of peace is cooperation on projects of human welfare. For example, we now have it within our power to eradicate from the face of the earth that age-old scourge of mankind, malaria. We are embarking with other nations in an all-out 5-year campaign to blot out this curse forever. We invite the Soviets to join with us in this great work of humanity.

Indeed, we would be willing to pool our efforts with the Soviets in other campaigns against the diseases that are the common enemy of all mortals—such as cancer and heart disease.

If people can get together on such projects, is it not possible that we could then go on to a full-scale cooperative program of science for peace?

In conclusion, whether we view the need for the training of public health personnel from a domestic health standpoint, from a defense standpoint, or from a broad foreign policy standpoint, the answer is the same. Schools of public health are important to our Nation and the well-being of our people. They need and deserve our support to enable them to meet the increasing demands for trained public health specialists.

The approach provided for in this legislation is a simple and direct method of meeting these demands. It authorizes the earmarking of a modest sum from the total amount of funds already authorized in section 314 (c) of the Public Health Service Act for the purpose of assisting schools of public health in their important training programs.

I do not contend that the \$1 million authorized in this measure will solve the financial problems of these schools. It would, however, head off the threat of reduced enrollment at the schools for lack of funds and instead enable them to increase enrollment of students needed to fill again those key teaching positions that are vacant for lack of salary funds. It would enable the schools to improve and expand their teaching in the new and vital areas where health problems are on the increase in our modern society—such problems as mental illness, the chronic diseases of cancer and heart disease, civilian defense, and radioactive hazards.

There is a very real and urgent need to assist these schools in meeting the challenge in the field of public health. I am aware that the Secretary of Health, Education, and Welfare has appointed an advisory committee to study and make recommendations on the future needs of medical research and medical education. A Surgeon General's Conference on Public Health Training Needs is also planned for the future. But final reports of these committees are not, however, due until next year.

Mr. Chairman, we cannot afford to delay any longer. I sincerely hope the basic facts to be developed by supporting witnesses appearing before this subcommittee will convince you, as they have convinced me, that the health and well-being of every American demands immediate action.

These facts are known to the Public Health Service and the Department of Health, Education, and Welfare. Enough data has already

been collected in the field of public-health education to clearly reveal the urgent need for training personnel to fill present vacancies and to meet our growing needs for these important services. Another study to confirm what is already known would be a useless waste of time and money.

There is nothing to be gained by a postponement of action in this field and there is much to lose. Public-health training takes time—time to organize new courses, time to recruit the teaching staff, time to advise State and local health officials of new courses being offered, time for local funds to be made available for tuition purposes, and time for students to complete the courses. Just as in the production of missiles or other tools of war, there is a long lead time on the training of public-health specialists. Unless we act now, it would mean a possible delay of 3 to 4 years in the completion of training courses for public-health personnel in these fields. Such a delay would further cripple essential public-health services at home, weaken our national and civil defense efforts, and curtail the important role which public health technical-assistance specialists play in our overall foreign policy.

Mr Chairman, I urge prompt approval of this legislation, so that it may be acted upon during the present session of Congress.

Mr WILLIAMS Thank you, Mr Rhodes, for a very excellent and comprehensive statement.

In order to clear up one point in regard to your bill, I would like to ask you the question if it is not a fact that your bill actually amends the existing act only to the extent of setting aside an amount not to exceed a million dollars to enable the Surgeon General to make grants-in-aid to schools of public health.

Mr RHODES That is correct.

Mr WILLIAMS The language in your bill which makes reference to subsection (c) of section 314 of the Public Health Service Act, merely restates what is already the language of the law except to the point of breaking the section down into two subdivisions.

Mr RHODES Yes.

Mr WILLIAMS Are there any questions on the part of the members?

Mr Bush

Mr BUSH Mr Chairman, I just want to commend our colleague for the fine detailed statement that he has made on this very important matter. I am sure that it is something that we are all interested in and it is a matter of great importance.

The thing that I am wondering about is the Public Health Service appropriations as it is as of now. The act that you just referred to, Mr Chairman, carries an appropriation. This just allows them to separate \$1 million from that amount to be applied for aid to the public-health program in these various schools.

Mr RHODES That is correct.

Mr WILLIAMS It permits them to earmark that much.

Mr RHODES That is correct.

Mr BUSH That is all I have.

Mr WILLIAMS Mr O'Brien.

Mr O'BRIEN Mr Bush has stated my views on your presentation and he has also asked the question I was going to ask.

Mr WILLIAMS Mr Dingell.

Mr DINGELL No questions, Mr Chairman Except to compliment my good friend and colleague from Pennsylvania for a very fine statement

Mr WILLIAMS Dr Neal

Mr NEAL I think Mr Rhodes has been very, very explicit and certainly has covered the ground We more or less had the advantage of getting information when we visited the Puerto Rican meeting with members of the public schools throughout the country I think Mr Rhodes' statement has been quite comprehensive and expresses pretty well the views of those who represented the sparse public-health schools and I think he has touched the spot that needs considerable recognition in the allocation of funds

The only thing I thought we might bring out here in Mr Rhodes' statement at page 4, in the middle of the page I think it might be well for this committee to investigate and to find out how much contribution toward the general effort to increase trained public servants, medical or associates, by other agencies that are mentioned in paragraph 2 and paragraph 3

I only make that suggestion as something that I think the committee ought to—well, have pretty thorough knowledge of, in order to know approximately what is being spent along these lines by other agencies, to determine if possible whether there will be any particular duplication Generally speaking, I don't think we will find much, but I think it is well for the committee to find that out

The CHAIRMAN I think that is a worthwhile suggestion, Doctor, and we will certainly make an effort to do that

Mr WILLIAMS Mr Loser

Mr LOSER I want to compliment our distinguished colleague, Mr Rhodes, on his very fine statement which he has made to the committee I would like to ask about subsection (c) The amendment provides that the sum appropriated for each year an amount not to exceed \$3 million to enable the Surgeon General to do certain things Is that presently part of the law?

Mr WILLIAMS Yes

Mr LOSER The \$1 million, as I understand Mr Bush to say, comes out of the \$3 million

Mr WILLIAMS No

Mr BUSH That is what I was asking

Mr LOSER The \$1 million is in addition to the \$3 million

Mr RHODES It is out of the \$30 million appropriation

Mr LOSER Does this bill authorize an additional appropriation of \$4 million?

Mr RHODES No It just earmarks the \$1 million out of the money that is already authorized

Mr BUSH I think that is what I asked The money already appropriated included \$1 million, and was this \$1 million included earmarked for this program which your bill provides for?

Mr RHODES It would authorize the earmarking of \$1 million for the purposes specified in the language of H R 6771 out of the total of \$30 million already authorized in section 314 (c)

Mr LOSER Then as I understand it Mr Chairman, and as has been shown me here, that this is authority for \$1 million of the \$30 million authorized in the act to be used for these purposes outlined in the bill That is correct, is it not?

Mr WILLIAMS That is as I understand it Mr Rhodes can verify that

Mr LOSER Thank you very much

Mr BUSH Mr Chairman

Mr WILLIAMS Mr Bush

Mr BUSH Up to now has there been any legislation to give grants-in-aid to these various schools for this kind of students?

Mr RHODES Not for what this bill calls for There are appropriations that go for special purposes, such as research

Mr BUSH I wonder if the bill as written was broad enough so that they could give grants if the request was made

Mr RHODES Yes, my bill would be broad enough to make that possible

Mr WILLIAMS You are referring to the basic law, Mr Bush?

Mr BUSH Yes

Mr WILLIAMS Maybe the clerk can answer that for us

Does this carry new authority or under the present law does the Public Service have authority under the act to set aside funds for aids to the school?

Mr WILLIAMSON It is my understanding that under the present law an attempt was made to make grants in earlier years to schools of public health and objection was made to that by the General Counsel of the Federal Security Agency, and at that time the direct grants were stopped

So today under the present law no direct grants are made to schools of public health

Mr LOSER Mr Chairman, let me make one observation and see if this meets with the views of Mr Rhodes This authorizes the Surgeon General out of the \$30 million appropriated in the act or authorized in the act to use not exceeding \$4 million for specific purposes not now authorized by the act

Mr WILLIAMS No, \$1 million, the \$3 million is already authorized by the act

Mr LOSER But not for the purpose specified in Mr Rhodes' amendment

Mr WILLIAMS Yes The language relating to the \$3 million is taken from the act itself Permit me to read subsection (c) to you in the present law

To enable the Surgeon General to assist through grants and as otherwise provided in this section States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services including grants for demonstrations and for training of personnel for State and local health work, there is hereby authorized to be appropriated for each fiscal year a sum of not to exceed \$30 million

There is a period there and a new sentence beginning

Mr Rhodes' inclusion of the language which follows in the basic law was for the purpose of adding two subsections to subsection (c) that is subsection (1) and subsection (2) I continue to read now from the basic law at this point

Of the sum appropriated for each fiscal year pursuant to this subsection there shall be available an amount not to exceed \$3 million to enable the Surgeon General to provide demonstrations and to train personnel for State and local health work and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the service detailed to assist States in carrying out the purposes of this subsection

Mr LOSER That answers my question

Mr WILLIAMS At that point in the present law subsection (c) ends Mr Rhodes' bill would add the additional language relating to the \$1 million for grants-in-aid to these schools

Are there any further questions at this point?

If not, I think it might be well at this point to take a moment to insert in the record letters that have been received by this subcommittee in support of this legislation

I think it might be well for the information of the committee to list here the States whose departments of health have endorsed this legislation by letter to the subcommittee. If there is no objection, these letters will be included as part of the record of hearings on this legislation

(The material referred to follows)

STATE OF CALIFORNIA,
DEPARTMENT OF PUBLIC HEALTH,
Berkeley, Calif., January 30, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Subcommittee, Health, and Science,
Committee on Interstate and Foreign Commerce,
The House of Representatives, Washington, D C

DEAR CONGRESSMAN WILLIAMS I write in furtherance of the Rhodes amendment, H R 6771, which is now being considered by your committee, not only with the health interests of my State and of our country in mind, but also because of the important role that the schools of public health in this country are playing throughout the free world. As a State health officer and member of the executive committee of the Association of State and Territorial Health Officers, I am in a position to appreciate the importance of adequate graduate training for our public health workers. I can also fully appreciate the financial problems of our schools of public health in this country at the present time. If these schools are to provide the urgently needed training these financial needs must be met.

I am sure your attention has been called to the contribution our schools of public health make to the field of international health. I have had an opportunity to observe this impact in several foreign countries and have been most impressed at the contribution the training of public health personnel from those countries has made upon their return following training here. I am confident that if our schools of public health are to continue to make this contribution some more tangible financial assistance must be provided for them.

I have had an opportunity to see a copy of the letter directed to your committee by Charles E Smith, M D, dean of the School of Public Health at the University of California and wish to voice my concurrence in the concepts which he has expressed. I do hope therefore, that Congress will adopt H R 6771 or a measure that will provide comparable assistance to schools of public health.

Very sincerely yours,

MALCOLM H MERRILL, M D,
Director of Public Health

STATE OF COLORADO,
DEPARTMENT OF PUBLIC HEALTH,
Denver, January 22, 1958

Representative WAYNE ASPINALL,
House Office Building, Washington, D C

DEAR REPRESENTATIVE ASPINALL Because the schools of public health supply personnel for the Federal Government and for the States and localities across the country, I most certainly favor H R 6771 which Congressman Rhodes sponsors and wish to be so recorded in the files of your subcommittee.

Sincerely,

R L CLELRE, M D, M P H,
Executive Director

STATE OF CONNECTICUT, STATE DEPARTMENT OF HEALTH,
Hartford, Conn, February 10, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS Recently your committee has been holding hearings on H R 6771, a bill introduced by Congressman Rhodes of Pennsylvania to provide for Federal aid to the graduate schools of public health I should like to endorse this bill and have my endorsement noted in the hearing record

H R 6771, without requiring new funds to be authorized, would provide a modest amount of Federal aid to help the schools of public health in this country to maintain strong faculties and to provide adequate instruction for public health workers Our medical schools produce physicians for the private practice of medicine but it is the postgraduate school of public health which prepares physicians, dentists, engineers, nurses, and other specialists for work in this field The health services for my State, and of the Nation as a whole, are severely handicapped by the shortage of such trained personnel

There are 11 university schools of public health qualified to receive the aid proposed They are in a serious financial plight The proposal for Federal aid has been favorably received by all of the university presidents and school deans concerned The students trained in these schools embark on careers of public service rather than entering the private practice of their professions Furthermore, they serve in all States and Territories at Federal, State, and local levels of government rather than restricting their efforts to the geographical region where they receive their training

There is an obvious lack of trained public health personnel in Connecticut both on the State and local levels There are vacancies in this department at the present time for 6 physicians, 3 public-health nurse consultants, 2 medical social worker consultants, 1 dental hygienist, 1 air pollution engineer, and 1 sanitary inspector There are also 5 nutritionists in the State known to be eligible for public-health training It is anticipated too that Connecticut will need within the next few years about 7 additional full-time directors of health with public-health training, and about 14 nurses trained in public health for administration in local health agencies

In view of these facts, I believe that H R 6771 presents an opportunity for the Federal Government to assume its proper responsibility and hope that this bill will receive the favorable attention of your committee

Sincerely yours,

STANLEY H OSBORN, Commissioner

STATE OF MAINE,
DEPARTMENT OF HEALTH AND WELFARE,
Augusta, February 5, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS I write as a State health officer and as a graduate of a school of public health to place myself on record for the Rhodes bill (H R 6771) This measure is important to the health of the country as a whole, which looks to the 11 schools of public health for highly trained public health personnel

We must not ignore the danger of disastrous weakening of the schools of public health through lack of teaching funds It is clearly a Federal responsibility to make sure that they retain their capacity to produce essential personnel for the public service I ask that my endorsement of H R 6771 be recorded in the report of your subcommittee Thank you for all that you are doing for the Nation's health

Sincerely yours,

DEAN FISHER, M D, Commissioner

COMMONWEALTH OF MASSACHUSETTS,
 DEPARTMENT OF PUBLIC HEALTH,
 Boston, January 27, 1958

Congressman JOHN BELL WILLIAMS,
 Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C

DEAR CONGRESSMAN WILLIAMS The Harvard School of Public Health is typical of the 11 university graduate schools which provide specialized instruction for physicians, nurses, health educators, social workers and others who render public service throughout the United States and other countries of the free world. Tuition pays less than one-fifth of the cost on instruction and the school has a constant problem of finding funds for salaries for key faculty and other costs of the teaching program. Congressman Rhodes has proposed a constructive and very helpful bill in H R 6771 which, though modest in the amount of funds proposed, will go a long way toward relieving the situation in the 11 schools of public health. I would appreciate being recorded as one of the proponents of the Rhodes bill. I hope very much that it is favorably recommended out of your subcommittee.

Sincerely,

SAMUEL B KIRKWOOD, M D

NEVADA STATE DEPARTMENT OF HEALTH,
 Carson City, Nev, January 28, 1958

Hon JOHN BELL WILLIAMS,
 Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C

DEAR CONGRESSMAN WILLIAMS It is my understanding that your subcommittee will hold hearings on H R 6771 which Congressman Rhodes of Pennsylvania has introduced for Federal support for training health workers in the graduate schools of public health.

I am secretary of the Nevada State Board of Health and acting State health officer and have been since 1948. I should like to ask that my endorsement of H R 6771 be noted in the hearing record.

My own graduate training at Harvard School of Public Health has been of such benefit to me in carrying out my responsibilities for the health of Nevada citizens, that I feel strongly indeed about the Rhodes bill and definitely favor its enactment into law. The burden of teaching costs at the 11 schools of public health which provide personnel for all the States, should not fall too heavily on the schools themselves. In fairness to the States and universities, which support these schools of public health, and in the interest of health of all our people, I sincerely believe the Rhodes bill should be adopted.

Respectfully submitted,

DANIEL J HURLEY, M D,
 Acting State Health Officer

STATEMENT OF DANIEL BERGSMA, M D, M P H, STATE COMMISSIONER OF
 HEALTH OF NEW JERSEY, IN SUPPORT OF H R 6771

My name is Dr Daniel Bergsma. I am the State Commissioner of Health of the State of New Jersey and past president of the Association of State and Territorial Health Officers. I respectfully submit the following comments for your favorable disposition in support of H R 6771.

Technological development and continuing scientific investigation are causing considerable change both quantitatively and qualitatively in programs for which health departments are responsible. Our programs are becoming more directly related to the individual and his relationship to others. These new programs differ considerably from the more impersonal programs of yesteryears which were confined primarily to environmental sanitation and mass prevention of disease. Programs of today which are directly related to the individual, yet benefit society generally, include community mental health, air pollution control, radiation control, occupational health, chronic illness control and programs for the aged.

It has been my experience as State Commissioner of Health of New Jersey that legislatures are increasing appropriations to initiate the new and to expand some

of the existing health activities. Neither these new, nor the expanding programs, may be administered properly without the direction and supervision of adequately trained personnel.

There are six budgeted but vacant administrative positions in the State Department of Health of New Jersey. This is caused by our inability to secure properly qualified incumbents. This number represents only those key positions involving the responsibility for direction and supervision of health programs, it does not include the many other budgeted position vacancies of my department not requiring graduate training and experience in the direction and supervision of public-health programs. A recent survey of the local health agencies in the State of New Jersey indicates there is need for over 100 similar position vacancies in addition to the more than 700 positions requiring less formal training and experience in public health. This recruitment problem is universal throughout our States and Territories. Budgeted positions go vacant. Vitaly necessary public-health programs are severely hampered by lack of these personnel. Our citizens suffer accordingly.

We public-health administrators have tried to recruit personnel for our newly developing and our expanding programs. We have not been successful primarily because of inadequate and insufficient public health training facilities. The personnel we so desperately need to direct and supervise our public-health programs must receive graduate training in public health. Other needed personnel may qualify for entrance in Government public-health agencies with undergraduate training, provided it is buttressed with successful completion of special courses in public health. All graduate and most undergraduate training for such purposes is confined to but 10 schools in these United States and 1 in Puerto Rico.

The odds of only 11 schools of public health with limited staff- and facilities contrasted with the needs of 48 States and the Territories are too great a risk for our Nation to gamble on. Our public, our citizens are losing the bet. Their health and welfare is that bet. We should not continue this gamble. We cannot afford to continue this gamble. Facts prove our Nation is losing tax income because of the income loss of its citizens who are ill. Our citizens loss is both money and health. The prohibitive odds of this gamble can be eliminated—we need not bet—we can provide our citizens assurance against unnecessary loss of health by properly staffing our public-health programs with sufficient and trained personnel. H. R. 6771, properly implemented, will provide that assurance. I urge its enactment.

I wish to express my appreciation and that of the Association of State and Territorial Health Officers for this opportunity to testify in favor of H. R. 6771.

STATE BOARD OF HEALTH OF SOUTH CAROLINA,
Columbia, S. C., February 11, 1955

Hon. JOHN BELL WILLIAMS,

Chairman, Health and Science Subcommittee,

House Committee on Interstate and Foreign Commerce,

Washington, D. C.

DEAR CONGRESSMAN WILLIAMS: I am strongly in favor of H. R. 6771 which your subcommittee is considering. This legislation can make the difference between keeping our schools of public health above water financially or letting them go under. Without the kind of support that the Rhodes bill would provide the schools will be hard put to keep on giving the comprehensive training which is essential if our Federal, State, and local health units are to be adequately staffed.

My own case illustrates the fact that the schools of public health are serving the whole Nation. I was trained at the Harvard School of Public Health in Massachusetts, but my professional career is devoted to the health of South Carolinians. This situation prevails throughout the country, and justifies Federal assumption of more of the teaching costs at the 11 schools of public health.

Sincerely yours,

G. S. T. PEEPLES, M. D.,
State Health Officer

UTAH STATE DEPARTMENT OF HEALTH,
Salt Lake City, February 21, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS The Rhodes bill (H R 6771), which I herewith heartily endorse, should not be confused with Federal aid to medical education nor with Federal aid to education in general. This bill would simply permit the Federal Government to help pay for the training of essential personnel who serve the Nation as a whole in the public service. Most of the graduates of our 11 schools of public health are working in governmental agencies at Federal, state, and local levels.

I ask that this statement urging passage of the Rhodes bill be included in the report of the Health and Science Subcommittee on this bill.

Respectfully submitted

JOSEPH P KESLER, M D,
Acting Director of Public Health

THE STATE OF WISCONSIN BOARD OF HEALTH,
Madison, February 17, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS Wisconsin is one of the States that is dependent on graduate schools of public health in other States for training key personnel in our State and local health departments as well as voluntary health agencies. We know that these schools are having rather severe financial problems. It does seem logical and proper that they get relief from the Federal Government since they serve all the States in the Nation.

If this expression of endorsement of House Resolution 6771 does not come too late, I ask that it be placed in the record of the Health and Science Subcommittee of which you are chairman.

Respectfully submitted

CARL V MILLERT, M D,
State Health Officer

COMMONWEALTH OF PUERTO RICO,
DEPARTMENT OF HEALTH,
San Juan P R, January 29, 1958

Hon JOHN BELL WILLIAMS
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS As secretary of health of Puerto Rico, I am keenly aware of the importance of maintaining all of our schools of public health so that they can continue to provide key personnel for the public health services throughout the States and Territories. As a matter of fact, Congressman Rhodes conceived the idea of introducing what is now H R 6771 during a conference which he and Congressman Neal of West Virginia had with the deans of the schools of public health in Puerto Rico about a year ago.

I was delighted to learn that you are conducting a hearing on the Rhodes bill by the Health and Science Subcommittee which you head. In lieu of being able to testify personally in favor of the Rhodes bill at your hearing, I send this statement of endorsement for the record.

Sincerely yours,

GUILLERMO ARBONA, M D,
Secretary of Health

INTEREST IN THE RHODES BILL OF THE PUERTO RICO DEPARTMENT OF HEALTH

The department fully endorses the statement submitted by the University of Puerto Rico in support of the Rhodes bill. The department itself supports the bill for two main reasons, aside from its needs for a school to train local health personnel.

1 Progress of health departments depends upon adequate planning and upon evaluation of performance. Planning implies research, particularly operations research. Health department personnel are too routinely occupied to undertake this satisfactorily. Consequently, the department depends on the school of public health of the medical school as its planning and evaluation arm. At the same time, the department of health and the university signed a contract delegating to the latter the administration of a community of 220,000 to serve as the practice and the research field of the school of public health. However, the latter cannot fully discharge its university responsibility in this respect without some additional support beyond the funds allocated by the department of health for service.

2 The United States International Cooperation Administration, the Department of State, and the United States Information Agency are increasingly utilizing Puerto Rico as a regional training center to serve as a technical bridge between the United States and Latin America. The school of public health has 36 Latin Americans enrolled for the current academic year with instruction in Spanish, in addition to Puerto Ricans. The present ratio of students to teachers is precariously high for good instruction, and the individual teaching load almost precludes time for research. Additional support to the school would provide solution to this serious problem.

The foregoing supports the great need of additional funds to our school of public health, and, particularly, 2 above justifies Federal support.

Mr WILLIAMS In addition, we have a statement from the American Dental Association.

If there are no objections, this will be included in the record as part of the hearings.

(The statement referred to follows)

AMERICAN DENTAL ASSOCIATION,
Chicago, Ill., January 17, 1958

Mr W E WILLIAMSON,
Clerk, House of Representatives,
Committee on Interstate and Foreign Commerce, Washington, D C

DEAR MR WILLIAMSON This is to acknowledge receipt of notice of public hearings on H R 6771, 85th Congress, a bill to provide Federal grants to support training in public health and administration. The American Dental Association desires to file for the record a short statement in support of the principle of this legislation.

Sincerely yours,

BERNARD J CONWAY,
Secretary, Council on Legislation

Mr WILLIAMS The next witness is our colleague on the full committee, Hon Torbert H Macdonald. Mr Macdonald, we will be glad to hear you at this time.

STATEMENT OF HON TORBERT H MACDONALD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MASSACHUSETTS

Mr MACDONALD Mr Chairman and members of the subcommittee, I appreciate the opportunity of appearing in support of H R 6771, which amends the Public Health Service Act so as to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs.

As an active proponent of Federal aid to the accredited schools of public health in American universities, I favor H R 6771 without

reservation and urge its approval by the subcommittee. You may count on my wholehearted support for this measure in the full committee and on the floor of the House.

It has long been apparent to me that the Nation's dependence upon the graduate schools of public health warrants Federal participation in their financial support as a matter of national policy. The fact that the future of these schools is jeopardized by lack of teaching funds was brought to light vividly by the staff report of our committee almost a year ago. Shortly after the staff report was published during the first session of this Congress, I introduced H. R. 8862 proposing an "Emergency Public Health Training Act of 1957." Senator Humphrey of Minnesota sponsored an identical bill, S. 2304.

The Humphrey-Macdonald bill, still pending, would amend the Public Health Service Act to provide an emergency 5-year program of grants and scholarships for postgraduate education in the field of public health and would also provide \$1 million a year for 5 years in matching funds for public health school construction and \$1 million a year for 5 years in operating funds for accredited schools of public health.

It is now evident that the Public Health Service traineeship program, if stabilized on a permanent basis, will serve one of the major objectives of the Macdonald bill. Insofar as scholarship aid is concerned, I am willing to await the recommendations of the traineeship evaluation conference which the Surgeon General of the Public Health Service is required by law to make to the Congress on or before January 1, 1959. If the conference recommends adequate legislation to provide financial assistance to public health graduate students, I will support it. Certainly, the Federal Government must ensure in some way a continuing output of trained physicians, engineers, nurses, and other essential personnel to staff health services at Federal, State, and local levels.

It should be borne in mind that the public health traineeships involve only tuition and stipends for students and do not provide any additional funds to the schools of public health, as proposed on a 5-year basis in my bill H. R. 8862 and on a permanent basis in H. R. 6771. I am strongly opposed to waiting for the results of the traineeship evaluation conference before enacting some form of direct Federal aid to the schools of public health. Such assistance is urgently needed and should be extended as quickly as possible. I am delighted that the subcommittee is considering H. R. 6771, introduced by our fellow committee member, Congressman Rhodes. This measure embodies the second major feature of my bill H. R. 8862, and therefore has my unqualified endorsement.

The third objective of my bill would provide a relatively small amount of assistance to the schools of public health in their effort to expand physical facilities and thus accommodate more students. To make available \$5 million in matching funds for construction over a 5-year period, as proposed in H. R. 8862, is the least that the Congress should do in this regard to help overcome the current shortage of public-health personnel, in my opinion. The actual construction needs of the 11 schools exceed \$24 million, according to the staff report of our committee. These needs would be more adequately met by enactment of H. R. 7841, which Congressman Fogarty, of Rhode Island, has introduced on behalf of medical schools, dental schools,

and public-health schools. I hope that the subcommittee will consider all pending bills that bear on the construction needs of the schools of public health during the present session.

In brief, I am for sound legislation to safeguard and promote the health of American citizens by strengthening and maintaining the source of basic knowledge of public health and of professional personnel trained to apply it in the public service of our people. This source is the 11 university schools of public health. The Congress must see to it that qualified students are assured of financial backing while in specialized public-health training, that adequate space is provided for such instruction and that the schools offering this essential education have sufficient operating funds. An important part of this total need would be met by passage of H. R. 6771. Sound legislation of this sort is long overdue. Your favorable action and your recommendation for the adoption of this measure would be most reassuring to the schools of public health in the United States. Therefore, I hope that this worthy measure will soon be enacted into law.

Mr. WILLIAMS Are there any questions? If not, we thank you for your appearance, Mr. Macdonald.

Mr. MACDONALD Thank you, Mr. Chairman.

Mr. WILLIAMS The next witness is our colleague from Rhode Island, Hon. John E. Fogarty.

STATEMENT OF HON. JOHN E. FOGARTY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF RHODE ISLAND

Mr. FOGARTY Mr. Chairman and members of the subcommittee, I wish to commend Congressman Rhodes, a member of your subcommittee, for introducing H. R. 6771. This is an important measure, bearing directly and vitally on the health and strength of the United States. I endorse H. R. 6771 most strongly, and urge you to throw your full support behind it. I am confident that you will do so, when a careful study of the facts reveals to you, as it has to me, how urgently the country needs this legislation.

The direct purpose of H. R. 6771 is to provide a relatively small but extremely helpful measure of support for the distinguished but inadequately financed schools which develop new knowledge of public-health protection for all our people in this nuclear age and educate health leaders to apply this knowledge in the public service at all levels of government in the Nation. Exhaustive studies by the United States Public Health Service, the latest at the request of the staff of the Interstate and Foreign Commerce Committee, have disclosed a series shortage of public-health personnel throughout the country, especially in the States and local health services. Thousands of budgeted positions are unfilled. Many more local health units should be established and staffed in order to extend protection to people in areas where health services are wholly absent or spread too thinly. The shortage problem has been well documented in the staff report which the committee published as of March 1, 1957.

The same staff report of your parent committee established the fact that the only source of specialized comprehensive training for public-health doctors, engineers, nurses, social workers, health educators, nutritionists, and other experts who are in such short supply is the 11 university schools of public health. The staff report made

clear that these schools are in a desperate financial plight, and must find relief from some source if they are to continue operating at present levels, to say nothing of expanding as they should to fill the personnel shortage. In effect, these 11 institutions, which provide essential personnel for public service in our Federal, State, and local health agencies and in our Army, Navy, and Air Force, are national institutions. The Nation depends upon them. The Nation must have them. The Nation cannot afford, for the sake of its people's health, to let these institutions founder and go down.

I subscribe wholeheartedly to the view that it is a Federal responsibility, and, therefore, a duty of the Congress, to assist the schools of public health as needed in order to overcome the shortage of public-health workers. However, I am even more concerned over the fact that lack of funds is preventing these schools from teaching future health officers how to cope with many of the new and highly dangerous health hazards that threaten the American people today.

Recently, I asked one of the deans of the schools of public health to tell me how the schools proposed to use the funds that would be provided by H. R. 6771 and what this would mean to the country. His response was to poll all of the deans and to summarize their replies to my questions. The answers shocked me. They would shock and frighten you and any American who has the safety and welfare of his countrymen at heart in these disturbing times. They revealed that, for lack of funds with which to hire and hold qualified teachers, there are terrible gaps among the courses being adequately taught. These gaps vary from school to school. They include such vitally important subjects as radiation hazards, air pollution, civil defense, disaster control, mental illness, maternal and child health, and medical genetics.

The schools report that such teaching assistance as they now receive in categorical grants from various branches of the Federal Government are helpful, but so restricted as to use and temporary in nature that they do not form the basis for stabilizing a faculty and buttressing a teaching program permanently at its weakest points.

Some schools are frustrated by financial inability to conduct intensive teaching, as well as research, in the prevention and control of cancer, heart disease, and other chronic diseases which afflict our people. The complex health problems of our aging population cry for solution and for the education of future public-health workers in the organization and administration of communitywide programs to promote the health and happiness of senior citizens. At the other end of the life scale, much is known to medical science, but much more needs to be learned and taught to public-health personnel about the cause and prevention of congenital defects that are manifested in crippled and mentally retarded children. The whole field of rehabilitation is one in which the schools of public health should and are anxious to take the lead. In none of these areas are all of the schools financially capable of working at full force. This, from the standpoint of the Nation's health and safety, is a distressing situation. It warns us that, unless H. R. 6771 or a measure accomplishing the same purposes is passed, not only the extent but the quality of health services in this country will continue to deteriorate below the danger point already reached through lack of this or a similar measure.

Mr. Chairman and members of the subcommittee, I ask you, if it

should become known to the Congress that West Point, Annapolis, or the Air Force Academy were unable to teach the latest developments in military science to future officers for lack of funds and that, for the same reason, the output of new officers for the Armed Forces was falling seriously short of the Nation's minimum needs for this top leadership, can anyone doubt that the necessary funds would be provided promptly? Would not the same assistance be extended to a national academy of public health which was in similar difficulties? This is precisely the situation in the only academy of public health the Nation has, the 11 university schools of public health. As one who has made it a point to keep aware of the health needs of the country, it is obvious to me that the Congress must come speedily to the aid of these schools, as proposed in H R 6771.

What is asked under the Rhodes bill? Full subsidy? Nothing approaching it. Matching grants? Not even this much. The money which H R 6771 would enable the Surgeon General of the United States Public Health Service to distribute equably among the accredited schools of public health from funds already authorized for public-health work would amount to less than one-fifth of the present teaching costs borne by these schools. Moreover, these new funds would not replace, but would be added to, non-Federal money already being devoted to teaching in the schools. Thus, the schools and their parent States or universities are ready and willing to continue to pay the major share of training health experts for the public service.

The Rhodes bill is designed to repair a weak spot in the armor which the subcommittee and your whole committee have had a hand in forging to protect the health of all our people. This is certainly a time when the Congress should stand firm against committing public funds for nonessentials. But who will describe the public health as nonessential? And who but would agree that the present crisis demands that America's greatest resource—the health of her people—must be guarded more zealously than ever before?

My conviction is strong in this matter. I am eager to work in the House for passage of this bill, the Senate counterpart of which has strong bipartisan support. Approval of H R 6771 by this subcommittee is a prerequisite to ultimate action that will mean a great deal to the Nation. I urge you to use your vote and your influence to bring this about.

Mr WILLIAMS We thank you for your appearance and the information you have given the committee, Mr Fogarty.

Mr FOGARTY Thank you, Mr Chairman.

Mr WILLIAMS Before he left the committee hearing, Mr Heselton stated that he had received 2 or 3 communications that he wished to insert in the record at this point. I put it to the committee—is there any objection to including any statements or letters that have been received by any member of the subcommittee either in opposition to or for this legislation?

If there is no objection, then all members of the subcommittee may feel free to include any communications that they have in the record.

In addition to that, I ask unanimous consent to include in the record a letter we have received from the Department of Health, Education, and Welfare and a letter from the Bureau of the Budget on this legislation. Also, a letter from the Department of Labor.

Mr DINGELL Would the gentleman yield, please, and tell us the gist of those three letters?

Mr WILLIAMS I have not had a chance to go over these letters I think I know what the attitude of the departments is If there is no objection, these will be included in the record

(The letters referred to follow)

EXECUTIVE OFFICE OF THE PRESIDENT,
BUREAU OF THE BUDGET,
Washington, D C, January 27, 1958

Hon OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

MY DEAR MR CHAIRMAN This letter is in reply to your request of April 11, 1957, for the views of the Bureau of the Budget on H R 6771, a bill "to amend section 314 (c) of the Public Health Service Act, so as to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs"

This bill would amend section 134 (c) of the Public Health Service Act to enable the Surgeon General to make grants to public and nonprofit institutions which provide public health training The amount of the grant would be limited to \$1 million from the amount annually appropriated under the authority of section 314 (c)

The objective of the proposed measure is, in our opinion, an important part of the larger problem of the scope and adequacy of currently available public health training in the United States At the present time, the Public Health Service is undertaking a comprehensive study of this broad subject which is to culminate in a conference next July This conference will consist of about 100 participants representing professional and educational groups informed on the subject of public health training The issues to be studied will include an appraisal of the present capacity of training facilities, necessary expansion of present staff and facilities and methods and sources for financing needed training The conclusion of this study will be reported to the Congress as required by law, before January 1, 1959

In view of the interrelationship between the objective of this proposed bill and the study now under way by the Public Health Service, we would urge that action on H R 6771 be deferred until the results of the study can be evaluated and the total needs of public health training can be appraised

Sincerely yours,

ROBERT E MERRIAM,
Assistant Director

UNITED STATES DEPARTMENT OF LABOR,
OFFICE OF THE SECRETARY,
Washington, June 20, 1957

Hon OREN HARRIS,
Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

DEAR CONGRESSMAN HARRIS This is in further reply to your request for this Department's views on H R 6771, a bill to amend section 314 (c) of the Public Health Service Act so as to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs

There presently is a shortage of trained persons actively engaged in public health programs, and this Department favors reasonable measures to alleviate this shortage However, I would prefer to leave detailed comment on this particular proposal to the Department of Health, Education, and Welfare, which would administer its provisions

The Bureau of the Budget advises that there is no objection to the submission of this report

Sincerely yours,

JAMES T O'CONNELL,
Under Secretary of Labor

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,
Washington, January 28, 1958.

Hon OREN HARRIS,

Chairman, Committee on Interstate and Foreign Commerce,
House of Representatives

DEAR MR CHAIRMAN This letter is in response to your request of May 21, 1957, for a report on H R 6771, a bill to amend section 314 (c) of the Public Health Service Act, so as to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs

The bill would supplement the existing authority of the Surgeon General so as to permit him to make grants-in-aid, under such terms and conditions as may be prescribed by regulations, for the support of public or nonprofit educational institutions which provide comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs The bill would authorize the use for this purpose of not to exceed \$1 million of the amount annually appropriated under section 314 (c) of the Public Health Service Act The existing annual appropriation authorization of \$30 million in section 314 (c) would not be changed

The types of educational institutions which meet the qualifications specified in the bill are basically the 11 schools of public health Five of these schools (University of Minnesota, University of North Carolina, University of Michigan, University of California, and University of Puerto Rico) are State-supported schools The remaining six schools (Yale University, Johns Hopkins University, Columbia University, Tulane University, Harvard University, and University of Pittsburgh) are private nonprofit educational institutions

The schools of public health, together with other types of schools which specialize in such fields as nursing and engineering, perform an essential role in the training of professional public health personnel for Federal, State, and local governments and voluntary health organizations and associations In addition, a sizable number of students attending these schools come from foreign countries and, after graduation, work abroad Almost all of the graduates of the schools of public health obtain employment in either public or quasi-public agencies

There is already precedent for Federal participation in the costs of training professional personnel for essential public health work Section 314 (c), which the bill would amend, already authorizes States to use Federal grants under that section for training public health personnel, and authorizes the Surgeon General to provide such training Also, the public health traineeship program inaugurated by title I of the Health Amendments Act of 1956 (now see 306 of the Public Health Service Act) provides Federal traineeships for the graduate training of professional public health personnel, approximately half of the traineeships financed by this program are for training in the eleven accredited schools of public health

Funds available to the Surgeon General to provide training under section 314 (c) and under title I of the Health Amendments Act of 1956 cannot be used for the type of direct institutional support contemplated by H R 6771 The Congress did, however, include in the Health Amendments Act of 1956 a provision calling for a national public health training evaluation conference later this year This provision (sec 306 (e) of the Public Health Service Act) reads as follows

"(e) The Surgeon General shall, between June 30, 1958, and December 1, 1958, call a conference broadly representative of the professional and training groups interested in and informed about training of professional public health personnel, and including members of the advisory committee appointed pursuant to subsection (d), to assist him in appraising the effectiveness of the traineeships under this section in meeting the needs for trained public health personnel, in considering modifications in this section, if any, which may be desirable to increase its effectiveness, and in considering the most effective distribution of responsibilities between Federal and State governments with respect to the administration and support of public health training The Surgeon General shall submit to the Congress, on or before January 1, 1959, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section'

In our judgment, consideration of any legislation for enlarging or modifying the role of the Federal Government in the support of public health training should await the holding of this conference and the submission of the Surgeon General's report on its deliberations and recommendations The factual data which will

be developed in connection with the conference and the expert evaluation of training needs, and of the most effective methods of meeting these needs, which will emerge from the conference, will provide a comprehensive and authoritative basis for determining whether additional Federal financial assistance is necessary and, if so, what the nature and extent of such assistance should be.

We recommend, therefore, that legislative action on H R 6771 be deferred pending consideration of the report of the training evaluation conference which will be submitted to the Congress by January 1, 1959.

The Bureau of the Budget advises that it perceives no objection to the submission of this report to your committee.

Sincerely yours,

M B FOLSOM, *Secretary*

UNITED STATES SENATE,
COMMITTEE ON GOVERNMENT OPERATIONS,
January 23, 1958

Hon JOHN BELL WILLIAMS,
House of Representatives,
Washington, D C

DEAR CONGRESSMAN It is my understanding that your Subcommittee on Health and Science of the Interstate and Foreign Commerce Committee will hold hearings on H R 6771 the latter part of this month. The purpose of this letter is to indicate my interest in the House bill and to call to your attention the enclosed bill, S 2304, which I introduced in the Senate during the last session.

The training of personnel to protect the public against disease is just as essential a public responsibility as is the training of personnel for the military forces to protect our Nation against a military aggressor. The need for Federal assistance to schools offering training in public health and administration has been well established and in this critical period of our Nation's history we can no longer sit back and ignore our responsibilities.

I regret that longstanding commitments prevent my appearing before your subcommittee to make a statement on H R 6771, but I do take this means of urging that the bill be favorably reported.

Best wishes

Sincerely,

HUBERT H HUMPHREY

VIRGIN ISLANDS

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS I fully endorse the proposed amendment (H R 6771) to aid the 11 schools of public health in the United States. In common with all of the States and Territories of the United States, the Virgin Islands owes much to these schools for the research which they conduct in the prevention and control of diseases and for the education which they provide for physicians and other specialists who are working most effectively in our health services. It will be much appreciated if you will record me as favoring early enactment of the Rhodes bill.

Sincerely yours,

ERIC L O'NEAL, M D, F I C S,
Commissioner of Health

YALE UNIVERSITY,
DEPARTMENT OF PUBLIC HEALTH,
New Haven, Conn, January 23, 1958

Hon JOHN BELL WILLIAMS,
House of Representatives, Chairman, Health and Science Subcommittee of
Interstate and Foreign Commerce, Washington, D C

DEAR CONGRESSMAN WILLIAMS As chairman of public health in the School of Public Health here at Yale, I have expressed my interest in the future legislation possibilities for schools of public health, emphasizing to our legislative committee of Dr Stebbins and Dr Leavell and others the urgency and significance I

approve of the steps being taken by our committee and hope this note may be a part of the record

With best wishes and appreciation of your cooperation

Sincerely yours,

IRA V HISCOCK, *Chairman*

UNIVERSITY OF CALIFORNIA,
Berkeley, Calif., January 20, 1958

Hon JOHN BELL WILLIAMS,

*Chairman, Subcommittee, Health and Science,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C*

DEAR CONGRESSMAN WILLIAMS Only the president of the University of California, authorized by its regents, is empowered officially to endorse legislation. However, I feel it is incumbent upon me to present you with certain facts concerning the use to which the School of Public Health of the University of California would put any Federal funds made available if H R 6771 is enacted. Our current academic programs would continue to be financed by university funds. However, this new support provided by H R 6771 would be used to explore some instructional areas as yet undeveloped by us and for which we recognize a deep need is present. Examples are radiological health, mental health and dental health. With over one-third of our graduate students from other States and nearly one-quarter more employees of the Federal Government or of foreign countries, California's support of this school is very generous, especially when one recalls that our out-of-State fees are less than 7 percent of the cost per graduate student. Because of the broad array of public-health areas already provided in our training and the heavy demand for service and consultation on our faculty, we have reached the limit of support we can ask in our regular State (university) budget. However, other areas should be explored and we are constantly requested to extend our services to Federal, State and local official and voluntary health agencies through consultations and the development of extension programs.

It is true that in the basic operating budget of our school this academic year (1957-58) approximately one-seventh or \$73,000 is provided by certain categorical teaching grants from the Federal Government. However, while aiding significantly in these specific areas, like the overall increase in students resulting from Public Law 911, they augment the costs of the other nonsupported areas and of the administration of the school. The needs for flexible, noncategorized support become even more grave.

In the 6 years 1949-56 prior to the enactment of Public Law 911 for Federal traineeships in 1956, this School of Public Health averaged 59 full-time graduate students per year. Last year, 1956-57, there were 80. This year, 1957-58, we have 115 full-time graduate students. This load is taxing all of our resources and unless we can have further assistance, we cannot keep our program attuned to the needs of Federal (and international), State and local official and voluntary health agencies. We cannot expect that the University of California will cover any more of these demands on our school.

As a member of the executive committee of the Association of Schools of Public Health, I know that the other State-supported schools of public health are in a similar situation and that those in private universities are in an even worse plight. The only hope that we can meet the increasing demands of society for public service in public health is through such resources as are provided by H R 6771.

Very truly yours,

CHARLES E SMITH, M D, *Dean*

THE UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, January 17, 1958

Mr JOHN BELL WILLIAMS,
Chairman, Subcommittee on Science and Health,
Interstate and Foreign Service,
House of Representatives, Washington, D C

DEAR MR BELL As chairman of the Subcommittee on Science and Health, I know that you will be considering shortly a bill for aid to schools of public health I would like to give you my considered judgment on this matter for what it may be worth

The term "aid" may be misleading What is needed is a way of providing for the Federal Government to pay its share of the cost of education in public health—training practitioners in public health With only 10 schools of public health, we must be regional and train personnel from throughout the United States and from abroad We cannot expect the taxpayer of North Carolina, for instance, to pay for the training of foreign students or public health personnel for the Public Health Service, Children's Bureau, International Cooperation Administration, Foreign Service, Army, Navy, Air Force, and Civil Defense Nor will they carry the whole load of training State and local public health personnel for the 48 states

One hundred percent of graduates of schools of public health go into public service and public employment on relatively poor salaries They cannot be asked to bear more of the cost of education in public health which is on top of their previous professional education

The situation is therefore totally different from aid to education, or aid to medical education The opposition to Federal aid to education in general, that is held by certain agencies, universities, and individuals, does not apply to and is not held in this university or in this State, as documented by many letters of the president, the board of trustees, and State legislators

We recognize and appreciate the assistance given in categorical grants to education in public health, but these grants are categorical for specific specialty training in cancer, heart disease, epidemiology, maternal and child health, air pollution, etc —largely for the training of specialists in these categories and who are an important but very small segment of the practitioners of public health trained in schools of public health Furthermore, these grants are available upon a year-to-year basis thus providing neither tenure nor security And such specialized training requires a large research component that cannot be separated from the "teaching grant" The basic training for practicing public health is enriched by such grants, but they do not carry the basic cost of education in public health This is what is desperately needed The local North Carolina taxpayer, for example, is willing to carry his share, but he rightfully wants the Federal Government to carry its share, too

The shortage of trained public health personnel, who are so essential to the Nation's economy, her welfare, her preparedness with or without the disaster of total war, is increasing Schools of public health cannot maintain present production, let alone increase production to meet the need, without added support Again, this State is doing and will do its share, we want others to do the same This is all for which we are asking in the passage of the proposed legislation

Sincerely,

E G McGAVRAN, M D, M P H, Dean

THE UNIVERSITY OF NORTH CAROLINA,
Chapel Hill, January 21, 1958

Mr JOHN BELL WILLIAMS,
Chairman, Subcommittee on Science and Health,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

DEAR MR. WILLIAMS As chairman of the Subcommittee on Science and Health, I am sure that you will soon be considering a bill for aid to schools of public health throughout the United States

We in the University of North Carolina have 1 of the 10 schools of public health in our country and, should you care to have us do so, we should like the opportunity of filing a letter with you indicating our reasons for supporting Federal aid for schools of public health

Cordially,

WILLIAM FRIDAY

HARVARD SCHOOL OF PUBLIC HEALTH,
Boston, Mass., January 20, 1958

Congressman JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
New House Office Building, Washington, D C

DEAR CONGRESSMAN WILLIAMS I wish to express appreciation for the serious consideration which you and your fellow committee members are giving to the financial problems of the accredited schools of public health

The financial situation is so critical in this school that we will be forced to reduce student enrollment, unless we get new money to pay the salaries of teachers in key positions now vacant for lack of funds

I have discussed the Rhodes bill (H R 6771) with President Nathan M Pusey, of Harvard University. He authorized me to indicate his favorable reaction to this legislation and approved of my working toward its enactment by the Congress

I do hope that, in view of the unique public service function of the schools of public health, your subcommittee will recommend passage of H R 6771

With best wishes,
Sincerely yours,

JOHN C SYDNER, M D , Dean

P S I ask that the above letter be made part of the subcommittee hearing record Thank you J C S

AMERICAN HOSPITAL ASSOCIATION,
WASHINGTON SERVICE BUREAU
Washington, D C , January 23, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

DEAR CHAIRMAN WILLIAMS This letter concerns H R 6771 which is currently being considered by your subcommittee

Because the bill would assist the Nation's public health schools hospitals are interested in it. Hospitals have a direct, vital interest in the health of the Nation. As community institutions we cannot stress too greatly the importance of good public health services. Such public health programs of sanitation, licensure vital statistics and codes governing local inspection have had a direct relationship to hospitals. Communities prosper as their health is increasingly protected and improved. Many communities, unfortunately, are not receiving the public health services they need. This is largely due to shortages of highly trained public health personnel.

We are living in the atomic age. Daily we are becoming more aware of the dangers of nuclear and allied radiation inherent in experimentation and industrial activity. As industry moves with a faster pace into this new age, these hazards affecting the health of all of us increase. True, industry is stepping up its industrial health programs, but this translates into greater demands for the graduates of public health schools at a time when communities are making similar demands.

We are appreciative of the particular problems which confront schools of public health inasmuch as they are few in number and they are, therefore, called upon to provide the training for the total pool of public health personnel available to meet the entire needs of the Nation. Public health schools in the United States further, because of their recognized eminence, are called upon to contribute in large measure to training of personnel for many parts of the world. The relatively small number of students with the requirements per student of course contributes to the heavy burden of costs. Those schools which are publicly supported find too that there is a limit to support which may be forthcoming from State governments as it is seen that the student body may be made up of students selected from other States. There is the further problem of personnel trained in a school of public health not remaining in the State where the school is situated as they seek to carry on their work in areas outside the State where they were trained. Public health personnel are in the main employed by units of government.

It is believed therefore that Federal participation in financing the support of public and nonprofit educational institutions for training personnel in the fields of public health is particularly essential. The special kinds of problems referred to above lend particular emphasis to the desirability of Federal Government support.

In the excellent staff report submitted to the Committee on Interstate and Foreign Commerce of the House of Representatives in 1957, titled "Medical School Inquiry," a section was devoted to considerations affecting schools of public health. It is noted here that there has been a gradual increase in the number of students in schools of public health, and the report further indicates that schools of public health with additional financial support can be greatly assisted in continuing this expansion. Although it is noted that H R 6771 does not stipulate any requirement for an increased enrollment, we believe it is likely that increased enrollment would result as it is a part of the normal planning of the schools of public health.

It is further noted that H R 6771 appears to leave the entire operation and administration of the program in the hands of the Surgeon General with no particular stipulations provided in the bill. The bill provides, however, that grants should be made pursuant to regulations, which under existing law must be made after consultation with the State and Territorial health officers.

The American Hospital Association as a matter of principle believes that expenditures of the kind proposed here by the Federal Government should, to the fullest extent possible, provide for matching grants by the States. With the very limited number of schools of public health covering the entire country, the problems involved with a matching program would be extremely difficult. Inasmuch as certain States may already be providing major support to schools of public health, further requirement for State participation as a basis for Federal participation may be unwarranted. Therefore we urge the provision of Federal funds for professional training in public and nonprofit schools of public health, and we respectfully request that this statement be included in the record of the committee hearings.

Sincerely,

KENNETH WILLIAMSON,
Associate Director, American Hospital Association

UNIVERSITY OF MICHIGAN,
SCHOOL OF PUBLIC HEALTH,
Ann Arbor, Mich., January 16, 1958.

Hon JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health,
Interstate and Foreign Commerce Committee,

New House Office Building, Washington, D C

DEAR SIR The suggestion of providing additional aid to the several schools of public health has been thoroughly discussed here at Michigan. Recently Dr Harlan Hatcher, president of the university, expressed his interest and support of such suggestion in a letter which he sent to Senator McNamara. Copy of this letter is attached hereto.

The School of Public Health of the University of Michigan looks with favor upon the proposed Rhodes bill on which hearings are currently being held. We have provided our colleagues with data which will be submitted on behalf of the committee of the Association of Schools of Public Health.

Cordially yours,

HENRY F VAUGHAN, Dean

THE ASSOCIATION OF STATE AND
TERRITORIAL HEALTH OFFICERS,
January 22, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,

House Committee on Interstate and Foreign Commerce, Washington, D C

DEAR CONGRESSMAN WILLIAMS May I extend my congratulations and thanks to you and your fellow members of the Health and Science Subcommittee for taking up the Rhodes bill this early in the second session of the Congress. This legislation (H R 6771) is essential in order to help the 11 schools of public health to continue producing graduate-trained personnel for the entire Nation. As you know, this bill was unanimously endorsed by the Association of State and Territorial Health Officers of which I am a member.

I wish to be recorded as personally favoring the bill and as urging its enactment at the earliest possible time

Sincerely yours,

MACK I SHANHOLTZ, M D,
Secretary-Treasurer

STATE OF NEW HAMPSHIRE,
STATE DEPARTMENT OF HEALTH,
Concord, January 20, 1958

Hon JOHN BELL WILLIAMS,

Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS As a State health officer with graduate public health training at Harvard, I am pleased to learn that the Health and Science Subcommittee is considering Congressman Rhodes' bill (H R 6771) to aid the schools of public health. Legislation of this kind is much needed as one means of keeping up the flow of trained personnel for Federal, State, and local health agencies throughout the country. Without such assistance, the 11 schools which are carrying most of the load of teaching costs may well be forced to curtail their important work and this would aggravate the current shortage of trained public health personnel.

The Association of State and Territorial Health Officers has endorsed H R 6771 and I wish to be recorded as personally favoring this bill

Sincerely,

MARY M ATCHISON, M D,
State Health Office,

ARIZONA STATE DEPARTMENT OF HEALTH,
Phoenix, January 20, 1958

Congressman JOHN BELL WILLIAMS,

Chairman, Health and Science Subcommittee,
New House Office Building, Washington, D C

DEAR CONGRESSMAN WILLIAMS Arizona is one of the 38 States in the Union which draws doctors, nurses and other specialists for its health departments from the schools of public health that are in the other 10 States. Would you be kind enough to record me in the hearing record as favoring passage of H R 6771

Thank you very much

Very sincerely,

C G SALSBURY, M D, Commissioner

STATE OF OHIO,
DEPARTMENT OF HEALTH,
Columbus, Ohio, January 21 1958

Congressman JOHN BELL WILLIAMS,

Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN This is in reference to H R 6771 which I most heartily endorse. Some of the most effective staff members of this department and of other health services throughout Ohio are graduates of one or the other of the schools of public health and we wish we could get more of them.

The shortage of public health personnel is a problem that should be solved in order to keep our health services from deteriorating and, in fact, to improve them by filling the positions that have already been budgeted in many instances.

The Rhodes bill is soundly conceived and it should be adopted as one way of helping to strengthen the schools of public health which are the only source for graduate-trained public health personnel.

Please let the record of your subcommittee hearing show that I am among those favoring H R 6771. Thank you

Sincerely yours,

RALPH E DWORK, M D,
Director of Health

COMMONWEALTH OF KENTUCKY,
 DEPARTMENT OF HEALTH,
 Louisville, Ky., January 22, 1958

Hon JOHN BELL WILLIAMS,
 Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C

DEAR MR. WILLIAMS Would you please be good enough to have it recorded in the report of the Subcommittee on Health and Science hearing on the Rhodes bill that I am heartily in favor of this legislation (H R 6771) and urge its passage. There is a serious shortage of well-trained public health people throughout our country, especially in the local health units, and there is no question but what the financial situation in the 11 schools of public health is also grave. The Rhodes bill is a partial solution to this problem and your leadership in promoting its enactment will be much appreciated.

Sincerely yours,

RUSSELL E TEAGUE, M D,
Commissioner of Health

FLORIDA STATE BOARD OF HEALTH,
 Jacksonville, January 20, 1958

Congressman JOHN BELL WILLIAMS,
 Chairman, Subcommittee on Health and Science,
 New House Office Building, Washington, D C

DEAR SIR On behalf of the people for whose health I am officially responsible in Florida, I strongly suggest the enactment of the Rhodes amendment providing federal support for training public health workers in the graduate schools of public health in the United States. I would appreciate inclusion of this message in the subcommittee's records.

Sincerely,

WILSON T SOWDER, M D,
State Health Officer

STATE OF WEST VIRGINIA,
 DEPARTMENT OF HEALTH,
 Charleston, January 20, 1958

Hon JOHN BELL WILLIAMS,
 Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C

DEAR CONGRESSMAN WILLIAMS I wish to go on record as favoring the bill which Congressman Rhodes of Pennsylvania has introduced to give long overdue financial boost to the schools of public health of this country. They are doing a good job for the country in producing top public-health personnel, and they should not have to continue paying most of the bills for education of this personnel. Your personal support of H R 6771 and your leadership in getting your subcommittee and other congressional colleagues to vote for it will be very much appreciated. I would like to be recorded among those in favor of H R 6771, and, request that this letter be made a part of the record of the hearing.

Sincerely yours,

N H DYER, M D, M P H,
State Director of Health

IOWA STATE DEPARTMENT OF HEALTH,
 Des Moines, January 20, 1958

Hon JOHN BELL WILLIAMS,
 Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C

DEAR CONGRESSMAN WILLIAMS I am one of the many State health officers who received my professional training in public health at a graduate school of public health outside the State where I am serving, my school was Harvard. I can testify as to the great value of this training and, hence, to the manifest con-

tribution which the 11 schools of public health are making to the Federal Government and to all the States and Territories

The proposed legislation (H. R. 6771) which your subcommittee is considering is long overdue as a means of putting more of the cost of graduate public-health education where it belongs, namely, on the Nation as a whole, which derives the benefits in terms of well-trained public-health personnel. Please include me among the supporters of the Rhodes bill.

Sincerely,

EDMUND G. ZIMMERER, M. D., M. P. H.,
Commissioner of Public Health

STATE OF NEBRASKA,
Lincoln, January 21, 1958

Congressman JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D. C.*

DEAR SIR: When your subcommittee publishes its report on the hearings on H. R. 6771, I hope that it will show that I am one of the supporters of this important measure. I certainly would like to go on record as favoring any reasonable means of spreading the cost of educating public-health workers for the country as a whole. For far too long a time the financial load has been carried almost entirely by the 10 schools of public health which actually serve the entire Nation. There is a question how long this situation can continue without serious shortages developing among key personnel who are most essential to all of our State health departments as well as to our local health units. Thank you for placing a hearing on H. R. 6771 on the calendar of your subcommittee. We hope you and your colleagues will recommend its passage.

Yours truly,

E. A. ROGERS, M. D., M. P. H.,
Director of Health

THE STATE OF WASHINGTON,
DEPARTMENT OF HEALTH,
Seattle, Wash., January 21, 1958

Hon. JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D. C.*

DEAR CONGRESSMAN WILLIAMS: Except for the excellent school at the University of California the health departments on the west coast are far removed from the sources of graduate-trained personnel, which are always in short supply. We appreciate very much being able to draw on the other 10 schools, which are mostly in the East, and we sympathize with their financial problems.

Our State has found it necessary to activate a training program for public-health personnel, a notable feature of which is a 2-year residency for health officers. Those candidates successful in completing such training in our State are then required to attend one of the schools of public health in order to obtain their graduate degree. Without such a training program, and without the existence and participation of the schools of public health, we would find it even more difficult than we now do to recruit staff for State and local departments.

In addition, a special committee of the State and Territorial Health Officers Association, of which I am a member, has attempted to induce the schools of public health to extend their teaching into the more remote States, such as Washington, in order to keep present staff current in the newer methods and programs in public health. Our several meetings with the deans of these schools have convinced me that, without the aid requested in the Rhodes bill (H. R. 6771), not only is it impossible for the schools to extend their teaching services, but they are even now hard pressed to maintain their present levels of teaching practice.

For the reasons indicated above, I favor passage of legislation extending some form of Federal aid to the schools of public health, which are training people for the public service. The Rhodes bill (H. R. 6771) would seem ideally suited to this purpose, and I heartily endorse it, with the one reservation that the amount requested is rather conservative.

I would like this letter filed in the record of the Health and Science Subcommittee hearings on the Rhodes bill (H R 6771)

Sincerely,

BERNARD BUCOVE, M D,
State Director of Health

TERRITORY OF HAWAII BOARD OF HEALTH,
Honolulu, January 20, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C*

DEAR CONGRESSMAN WILLIAMS Some of the best people in the health services of Hawaii are graduates of the California and other schools of public health in the States. It would be most unfortunate if lack of funds forced the schools to curtail their activities and cut down even more the number of graduates they produce each year. Under the circumstances, it seems most vital that the Federal Government share in the cost of education of these graduates of schools of public health, as provided for by H R 6771

All of us who are interested and concerned with public health hope this bill will be passed. Kindly place this communication in the hearing record

Sincerely,

RICHARD K C LEE, M D,
President, Board of Health

STATE OF MARYLAND,
DEPARTMENT OF HEALTH,
Baltimore, January 22, 1958

Hon JOHN BELL WILLIAMS
*Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C*

DEAR CONGRESSMAN WILLIAMS Here in Baltimore we are particularly conscious of the need for Federal aid to schools of public health because the school at Johns Hopkins University is one of them. Although this school is a leader in public health education, it has a large deficit in its teaching budget which throws a very heavy burden on the parent university. A large percentage of the graduates of the Johns Hopkins School serve outside the State of Maryland. It seems only logical that some of the costs be borne by the Nation as a whole as provided in H R 6771. I urge favorable consideration of this bill by the subcommittee which you head, and ask to be so recorded in the report

Sincerely yours,

PERRY F PRATHER, M D,
Director

MICHIGAN DEPARTMENT OF HEALTH,
Lansing, March 4, 1958

Congressman JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C*

DEAR CONGRESSMAN WILLIAMS Passage of H R 6771 (Rhodes Bill) will greatly assist the State of Michigan and the other States which are supporting university schools of public health. Relatively few of the students who complete graduate study in public health at the University of Michigan remain to work in this State. It seems only reasonable that the Federal Government should share in the cost of operating schools which provide personnel for the Federal Government as well as for the States and local units of government. The Rhodes bill would be a major step toward this needed Federal assistance to the schools of public health

Very truly yours,

ALBERT E HEUSTIS

DELAWARE STATE BOARD OF HEALTH,
Dover Del., January 20, 1958

Congressman JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee
New House Office Building, Washington, D. C.

DEAR CONGRESSMAN You and your fellow members of the Health and Science Subcommittee are to be commended for setting aside time from this busy session of Congress to consider such important legislation as H R 6771 I urge your most serious consideration of this measure and hope the subcommittee will act upon it favorably

Respectfully yours,

F I H U D S O N M D ,
Executive Secretary

NORTH CAROLINA STATE BOARD OF HEALTH,
Raleigh, January 23, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D. C.

DEAR CONGRESSMAN WILLIAMS It is my understanding that there will be hearings on H R 6771 which Congressman Rhodes of Pennsylvania has introduced for Federal support for training health workers in the graduate schools of public health

I am secretary-treasurer of the North Carolina State Board of Health and State health director In 1954-55 I served as president of the Association of State and Territorial Health Officers I should like to ask that this endorsement of H R 6771 be noted in the hearing record

(1) Federal support for schools of public health is being asked not as a handout or aid, but as a means of getting the Federal Government to pay for its share of the costs of education in public health The State of North Carolina pays for its share but two-thirds of the students are from out-of-State and go out-of-State to work with the Public Health Service, Children's Bureau, Military Forces, Civil Defense, research, or Foreign Service

(2) It is true that the Federal Government does support categorical grants for specialized training in schools of public health as cancer, maternal and child health, air pollution, etc, but these grants offer training to a few specialized people and they do not carry the basic cost of education in public health This cost should be shared by the State and Federal Government

(3) All graduates of schools of public health go into public service—local, State, Federal—on relatively poor salaries They cannot, therefore, be expected to bear increased cost of education in public health, particularly since they have already received and paid for their professional education as physicians, dentists, registered nurses, engineers, etc, before they go into public health

(4) The shortage of trained public health personnel (so essential to national economy and preparedness with or without war) is increasing—we have unfilled health officer positions Large numbers of positions have to be filled with untrained public health personnel We must increase the number of schools of public health or enrollment in the present schools to meet this situation This will require more facilities, buildings, and more operational funds The problem is not in North Carolina alone the cost must be shared by the Federal Government in support of this training service for these vital workers many of whom will function in our national and international efforts to achieve security and peace for all It is a sound investment toward prevention which is less costly than disability, desperation, and premature deaths

(5) Since we may not be able to match our potential enemies in manpower quantity, a cutback in quality at this time would be false economy The health and efficiency of our people must be maintained and improved through disciplined training of key health leaders who are in short supply now The Rhodes bill (H R 6771) is a constructive approach to our immediate and long-range goals for ourselves and for unselfish developing peoples in countries that are becoming our stronger allies

Respectfully submitted,

J W R NORTON, M D ,
State Health Director

STATE OF ALABAMA,
 DEPARTMENT OF PUBLIC HEALTH,
 Monigomery, January 22, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C*

DEAR CONGRESSMAN WILLIAMS Alabama is one of the States that does not have a school of public health, and, accordingly, we must be dependent on existing schools to train our personnel I would like, therefore to endorse H R 6771 which would strengthen the teaching program in these schools and to enable them to better fulfill their task of training public health workers for the whole Nation Please enter this letter in the record of your subcommittee hearing on this bill

Very sincerely,

D G GILL, M D,
State Health Officer

ARKANSAS STATE BOARD OF HEALTH,
 Little Rock, January 23, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C*

DEAR CONGRESSMAN WILLIAMS As an alumnus of the Harvard School of Public Health, and as the chief administrative officer of the State department of public health, I am keenly aware of the importance of this and the other graduate schools of public health to the health of this country There is no question but what the States and universities which support these 11 schools are, in effect, subsidizing the greater part of the cost of providing trained public health personnel for the entire Nation We certainly need to continue and even to expand such training facilities

Passage of H R 6771, the Rhodes bill, would adjust the financial situation more equitably and I urge its adoption Thank you for your leadership in the interests of our Nation's health I hope this letter arrives in time to be included in the Health and Science Subcommittee hearing report

Yours very truly,

J T HERRON, M D,
State Health Officer

MISSISSIPPI STATE BOARD OF HEALTH,
 Jackson, Miss, January 21, 1958

Hon JOHN BELL WILLIAMS,
*Member of Congress,
 House Office Building, Washington, D C*

DEAR JOHN BELL If I feel able to make the trip, I would like to be present and testify at the hearing on H R 6771, January 29 and 30 I would like to testify in person before the Health and Science Subcommittee of which you are chairman

I feel that I am in position to know that this bill for the aid to schools of public health is a "must" if our public health service in the United States is to make progress H R 6771 authorizing the Public Health Service to grant \$1 million of the already-authorized \$30 million to educational/institutions which train public health personnel for Federal, State, and local governments certainly would be a wonderful help to those of us who are responsible for the administration of public health in this country No new funds would be authorized under the proposed amendment I hope very much that your Health and Science Subcommittee will pass it out favorably I look forward to seeing you, but I am not entirely certain as yet that I will feel able to make the trip As you know, I am getting a bit old and decrepit

I went before the appropriations committee of the house of the Mississippi Legislature, 10 to 12 o'clock, this morning and hope and believe that this committee will grant us the funds necessary to continue to carry on a satisfactory public health program in our State with the continued help, of course, of the

United States Public Health Service and the Federal Children's Bureau. The Federal, State, and county appropriations combined should be enough for us to continue to do satisfactory work here.

One of our principal worries is training and securing trained personnel for the work which we have to do, and H R 6771 before your subcommittee will help materially.

With kindest regards and best wishes, I am,
Sincerely your friend,

FELIX J UNDERWOOD, M D

ALASKA DEPARTMENT OF HEALTH,
Juneau, Alaska, January 21, 1958

Congressman JOHN BELL WILLIAMS,

*Chairman, Health and Science Subcommittee,
New House Office Building, Washington, D C*

DEAR CONGRESSMAN: We have several graduates of the United States schools of public health now working in Alaska and have other vacancies for qualified men in this field.

We are keenly interested in the Rhodes amendment and urge its adoption. I wish to be so recorded in the minutes of the subcommittee.

Sincerely,

HARRY V GIBSON, M D,
Acting Commissioner of Health

NEW MEXICO DEPARTMENT OF PUBLIC HEALTH,
Santa Fe, January 24, 1958

Hon JOHN BELL WILLIAMS,

*Chairman, Subcommittee on Health and Science,
New House Office Building, Washington, D C*

DEAR CONGRESSMAN WILLIAMS: I write to ask that you give most serious consideration to the Rhodes bill, H R 6771, in forthcoming hearings on January 29 and 30. I feel sure that when the facts are presented, your subcommittee will want to see this measure passed. While State health departments such as ours do send students to the schools of public health in other States, we realize that payment of tuition goes but a short way toward reimbursing the school for the actual cost of educating the students. The fact that only 1 out of the 4 of the students trained in the 11 schools remain in any of those States for public health work seems to make it obvious that the other States which get the benefit of their services should share in some way in the cost of education. The most feasible way to do this is through Federal legislation such as Congressman Rhodes has proposed and I endorse it strongly.

I ask that this expression of my views be recorded in the records of the hearing on H R 6771.

Sincerely yours,

STANLEY J LELAND, M D,
Director

STATE OF LOUISIANA,
DEPARTMENT OF HEALTH,
New Orleans, La, January 22, 1958

Congressman JOHN BELL WILLIAMS,

*Chairman, Health and Science Subcommittee,
New House Office Building, Washington, D C*

DEAR CONGRESSMAN WILLIAMS: Passage of the Rhodes bill (H R 6771) is vitally needed and I wholeheartedly endorse it and the proposed amendment.

I respectfully request that this letter be recorded in the report of the Subcommittee on Health and Science.

Yours very truly,

W J REIN, M D,
State Health Officer

STATE OF OREGON,
OREGON STATE BOARD OF HEALTH,
Portland, January 23, 1958

Congressman JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR CONGRESSMAN WILLIAMS With your permission I wish to submit this letter as an endorsement of the Rhodes amendment, H R 6771, a sound approach to a portion of our States' problems in maintaining a constant supply of well-trained public health personnel

The Rhodes amendment, providing assistance to our schools of public health, will enable our State to utilize such highly specialized institutions in training personnel whom we hope to recruit locally. We would be particularly interested in knowing that increases in grants-in-aid for teaching purposes which may be allotted to schools of public health throughout the country would assure each of our States a favorable quota of students. We shall hope, too, that grants-in-aid to educational institutions will be reflected in universal, comparable, and reasonable reduction in the cost of training of the individuals recruited and recommended by the several State health departments

Each year in Oregon we attempt to train at least one health officer, a sanitary engineer, a bacteriologist, a health educator, and a number of nurses in the specialized fields of public health. Certainly, grants-in-aid designed to provide adequate public health educational resources will assist in assuring a continued supply of graduates for our public service

I shall be grateful if you can include this letter in the record of your subcommittee's studies on the Rhodes amendment

Sincerely yours,

HAROLD M ERICKSON, M D,
State Health Officer.

NORTH DAKOTA STATE DEPARTMENT OF HEALTH,
Bismarck, January 21, 1958

Congressman JOHN BELL WILLIAMS,
Chairman Subcommittee on Health and Science,
New House Office Building, Washington, D C

DEAR CONGRESSMAN WILLIAMS I am certainly glad to see something being done about extending Federal aid to the graduate schools of public health in this country because they are doing a fine job and largely at their own expense, although the products of their teaching serve the entire Nation in health divisions. Would you please record me as being in favor of H R 6771 and urging that the subcommittee act favorably upon it. Thank you very much

Yours truly,

W VAN HUVELEN, Executive Officer

NEW YORK, N Y, January 28, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science, Committee on Interstate and
Foreign Commerce, House of Representatives, Washington, D C

As Chairman of the National Advisory Committee on Local Health Departments, representing 70 national civic service, labor, business, and health organizations I want to endorse emphatically the principles and purpose of H R 6771, Rhodes amendment to section 314 of the Public Health Service Act to aid schools of public health. The recent experience with wide-scale use of polio and flu vaccines underscores the importance of adequate community health services. We are suffering seriously from lack of well-trained professional and technical personnel to staff the official and voluntary health agencies of the country. Increase in the output of the schools of public health is, in our view, absolutely essential

CLARISSA E BOYD,
Chairman, National Advisory Committee on Local Health Departments

TULANE UNIVERSITY,
New Orleans, January 30, 1958

Hon JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

DEAR CONGRESSMAN WILLIAMS It is my understanding that the Subcommittee on Health and Science has scheduled hearings on H R 6771, a bill to provide Federal aid to schools of public health As president of 1 of the 11 universities in the United States providing graduate training in public health, I endorse the principle of such aid

The graduate program in public health in the School of Medicine at Tulane University was begun and accredited as a school of public health in 1947 Since that time it has provided training to persons who have gone to positions in public health agencies of 32 States, to officers of the Army and Air Force of the United States, and to health workers of 24 other nations of the world This is a service to the welfare of the United States and the world in which Tulane University is happy to participate

This graduate training is expensive and becoming increasingly so The tuition charged at Tulane presently covers less than one-fourth of the actual cost to the university of providing this training Tulane is a private university, so the major portion of this cost is met from endowment funds of the university Since our graduates go into the public service at Federal, State and local levels in the United States and of other nations, Federal aid for this training, in our opinion, is entirely justified

Further, an increasing demand for public health training stimulated by the recently enacted Federal Public Health Traineeship Act to meet the needs of the country and the need for training in the newer fields of public health is taxing our present faculty and facilities These must be expanded to maintain the high standard of training which we insist upon, thus adding further to the cost of the university

The interest of the Federal Government in the provision of training in public health has been demonstrated over the years by the passage of laws permitting the use of Federal funds by States for training purposes and most recently by the passage of the Public Health Traineeship Act Legislation which has been proposed, specifically H R 6771, would provide aid to schools directly in order to improve and expand their faculties and facilities We feel that this Federal support is entirely justified

Yours very truly,

RUFUS C HARRIS

UNIVERSITY OF KENTUCKY,
Lexington, Ky, January 30, 1958

Mr JOHN BELL WILLIAMS,
Chairman, Subcommittee on Health and Science,
Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D C

DEAR MR WILLIAMS This will acknowledge receipt of the notice of public hearing by the Subcommittee on Health and Science relative to H R 6771 (Rhodes) to amend the Public Health Service Act to provide Federal grants to schools offering training in public health and administration

It is my conviction that Federal grants are indeed much needed by schools offering programs in many of the health fields Since my own recent experience is not with schools offering training in public health and administration, but rather in medical schools and in the development of a new medical center, I have decided not to testify, leaving this to those with immediate experience in this area

When the opportunity is available to testify relative to the need for grants in the fields of education in medicine, dentistry, and nursing, I will be glad to do so

We are developing a new medical center at the University of Kentucky and are finding the problem of its financing a difficult one indeed With the help of a substantial grant under the Health Research Facilities Act, we now have our medical science building under contract Our plans for the construction of the hospital and other patient care facilities for the center are heavily dependent upon Hill-Burton funds If the Hill-Burton appropriations are reduced as recommended in the Presidential budget, this will seriously cripple our program

Even if the Hill-Burton funds are not reduced, our development poses a peculiar problem to the State of Kentucky. Teaching centers carry top priority in this State under the Hill-Burton Act, but to satisfy the large financial requirements of our medical center, all the Hill-Burton money available to Kentucky until about 1961 will have to be channeled to this medical center. Assuming the continuation of the present level of Hill-Burton support, this means that no money will be available for community hospitals in the State, and there is great demand and real need for funds by these institutions.

This points to the need for Federal funds for the development of teaching and research facilities in the medical schools. Teaching hospitals should be eligible under such programs since they are essential facilities for a medical center. If these funds are made available under a special act this would relieve the severe problem which Kentucky faces and which presumably other States are facing whereby Hill-Burton funds intended for community hospital development are diverted to the highly important, but somewhat different function than that of the development of university teaching hospitals.

When the proper time comes I would like to present testimony on this point.

Very truly yours,

WILLIAM R. WILLARD, M. D.,
Vice President

NATIONAL COUNCIL OF THE CHURCHES OF CHRIST
IN THE UNITED STATES OF AMERICA,
DIVISION OF CHRISTIAN LIFE AND WORK,
DEPARTMENT OF SOCIAL WELFARE,
New York, N. Y., February 3, 1958

Hon. JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
New House Office Building, Washington, D. C.

DEAR MR. WILLIAMS: Although the general committee of this department has not convened since the introduction of H. R. 6771, designed to aid the schools of public health, and therefore I cannot speak on its behalf, may I personally express the conviction that this bill should be reported favorably?

In view of the severe shortage of public health personnel it would certainly seem that the authorization of \$1 million yearly, of an already authorized \$30 million, to the educational institutions would be in the public interest. I would like to go on record as strongly endorsing this amendment (H. R. 6771) to the Public Health Service Act.

Sincerely yours,

WILLIAM J. VILLAUME

JACKSON, MISS.,
January 28, 1958

Hon. JOHN BELL WILLIAMS,
Member of Congress,
House Office Building, Washington, D. C.

We are for H. R. 6771 strongly, provided its enactment would not in any way curtail grant-in-aid support to State health departments. We are struggling now to maintain our minimum public-health program. The President's proposed budget will cripple us materially in our tuberculosis-control program, since it proposes a 40-percent reduction. Such reduction would seriously cripple our statewide control program, which we now consider on a minimum basis.

FELIX J. UNDERWOOD, M. D.

ROSLYN HEIGHTS, N. Y., January 30, 1958

Hon. JOHN BELL WILLIAMS,
Chairman, Health and Science Subcommittee,
Committee on Interstate and Foreign Commerce
New House Office Building, Washington, D. C.

The National Congress of Parents and Teachers desires to go on record in support of the Rhodes bill H. R. 6771 which will authorize the Public Health Service to grant \$1 million of the already authorized \$30 million to educational institutions which train public health personnel for Federal, State, and local government.

We understand that there are 11 university schools of public health qualified to receive such aid. The National Congress of Parents and Teachers believe that equalized public health services and public health education opportunity should be provided for all children and youth. Such services cannot be made available without the necessary personnel. Over the years we have given expression publicly to the need for establishing more local health units. We speak for all of the children of all of the people when we urge your committee to give favorable consideration to H R 6771. We ask that this telegram be made a part of the records of the hearing.

Mrs CLIFFORD N JENKINS,
Chairman of Legislation, National Congress of Parents and Teachers

ROPS, GRAY, BEST, COOLIDGE & RIGG,
Boston, February 3, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
House Interstate and Foreign Commerce Committee,
Washington, D C*

DEAR CONGRESSMAN WILLIAMS I am moved to write to you at this time because of my awareness of the important contributions which the accredited graduate schools of public health in this country are making to our national defense effort. As a member of the President and Fellows of Harvard College I have become familiar with the accomplishments of the Harvard School of Public Health in teaching and research.

My service in the Department of Defense has strengthened my conviction that the health of our citizens, both civilian and military, is a basic prerequisite for the country's strength and effectiveness in these crucial times.

The Armed Forces rely on the university schools of public health to prepare medical officers to organize and direct programs of health protection of military personnel wherever they serve in peace or war. The fact that the schools also produce administrators and other key experts for Federal, State, and local health services is equally significant. It is obvious that this source of supply for essential personnel should be maintained.

I submit this statement for inclusion in the record of the subcommittee hearing on H R 6771.

With best wishes
Sincerely,

CHARLES A COOLIDGE

NEW YORK, N Y, January 28, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Subcommittee on Science and Health,
House of Representatives, Washington, D C*

DEAR CONGRESSMAN WILLIAMS I was asked by the Association of Schools of Public Health to appear as a witness at the hearings to be held by your committee on January 29-30 in support of the Rhodes bill, H R. 6771, but unfortunately the health conditions made this inadvisable. Therefore this letter.

My credentials for appearing before you are as follows:

For 12 years I was an active trustee, and for 4 years the president of the Rockefeller Foundation which pioneered in the establishment of public health schools in this and in other countries, and which for nearly 40 years has itself carried on public health work. I was also for 4 years chairman of the National Science Foundation, and also vice chairman, and presided at most of the hearings of President Truman's Commission on Health Needs of the Nation. I am at present a member of the board of health of the city of New York, a small body which legislates the sanitary code of that city, which is registered in a volume of nearly 350 printed pages.

From the beginning of organized efforts to protect and promote public health in this country, somewhat over 100 years ago, the preponderant functions have had to be provided by Government not merely for financial reasons but because the controls required could only be effective as a matter of public law. The voluntary agencies have done important work and they will continue to be valuable as will the efforts of the corporations in industrial health work. However, the extent to which this important activity is bound to be increasingly a public

function is due to the great increase in population and especially its local densities, to the rapid growth in powerful drugs and antibiotics, to the very rapid increase in the employment of chemical additives in the growth, storage, transportation, preservation and adaptation of foods and other supplies, and the increasing importance of the control of and protection against radiation of all kinds. Thus the public health schools, it seems to me, must become not exclusively but almost wholly institutions for the training of men and women for governmental service. Moreover, even such personnel as goes to the private agencies are inevitably serving what is primarily a public interest. Therefore, the instructional work of the public health schools seems to me legitimately to warrant governmental support and, indeed, to require it in the public interest. The supply of competent public health officials is quite inadequate at a time when the public health functions are becoming of increasing importance.

Respectfully submitted

CHESTER I. BARNARD

NEW YORK, N.Y., January 28, 1958

Hon JOHN BELL WILLIAMS,

*Committee on Interstate and Foreign Commerce,
House of Representatives, Washington, D.C.*

DEAR MR. WILLIAMS: Dr. Martha Eliot tells me that you are chairman of the subcommittee holding hearings January 29 and 30 on H.R. 6771. This bill would amend section 314 (c) of the Public Health Service Act to earmark not to exceed \$1 million (of the aggregate of \$30 million authorized under that section) for grants to schools of public health.

I am writing as a private citizen to express my view of the great importance of the activities of our schools of public health. Both in my active service with the Department of Health, Education, and Welfare and in my continuing interest in this field, I have come to appreciate that the work of these schools is fundamental to the expansion and improvement in health services so essential to the growth of our nation.

Furthermore, the importance of the schools of public health in relation to our international activities cannot be overestimated. The technical assistance which a few public health specialists are able to give to a foreign country can bear fruit far exceeding the costs involved. Even more important, the large number of foreign students trained in our schools of public health who return to their own countries is indicative of the vast influence these schools can have in improving the outlook of other nations toward the United States.

As a general principle, I believe there is much to be said for the concept that Federal funds bring the greatest rewards when spent on such activities as research, training and demonstration projects, as distinct from mere support of continuing State and local activities. I believe that a small amount of Federal money pinpointed toward those constructive functions can have a wide impact. Accordingly I wish to express my personal support of the principle of H.R. 6771, namely, directing certain Federal public health funds toward the function of public health training.

Since truly,

NELSON A. ROCKEFELLER.

THE NEW YORK TIMES,
January 28, 1958

Hon JOHN BELL WILLIAMS,

*Chairman, Health and Science Subcommittee,
Interstate and Foreign Commerce Committee,
House of Representatives, Washington, D.C.*

MY DEAR CONGRESSMAN WILLIAMS: As one who has long been interested and active in improved health for the American people, I should like to urge a favorable recommendation by you and your Health and Science Subcommittee on H.R. 6771 introduced by Congressman Rhodes of Pennsylvania.

I am writing to you as an interested citizen and physician, but I know the importance of this legislation from my responsibilities as chairman, Health Resources Advisory Committee, Office of Defense Mobilization, for a period of almost 7 years ending last June with my resignation. The shortage of trained public health personnel has long been a serious problem and a potential danger to the

health of our people at all times It would become an acute problem in the event of a national emergency

The importance of an adequate national supply of trained public health workers was emphasized in a report "Mobilization and Health Manpower" issued in January 1955 by the Health Resources Advisory Committee, Office of Defense Mobilization, when I was the committee chairman. It stated

"Protection of the health of the citizenry is basic to any government at peace, much more so in mobilization. Normal activities carried on in the public health field by Federal, State and local health departments then become doubly important. The staff of trained and experienced personnel of these agencies comprise a critical resource in the mobilization program * * * Even without the threat of atomic attack, or biological warfare, a shortage of this size is serious with these threats existing, the shortage might threaten preventable disaster."

That there is a critical shortage of trained public health personnel has been well documented in the information which has been supplied to your subcommittee. Without legislation such as H R 6771, this personnel shortage will increase.

There are also important international implications in H R 6771. Today our Government is recognizing more and more through its support of the World Health Organization and the international health activities of the International Cooperation Administration that international health projects are the most effective of the means at our disposal for demonstrating clearly, effectively, and cheaply the value we in the free world place upon human worth. In this sixth state of the Union message earlier this month, President Eisenhower strongly emphasized the importance of health in his "science for peace" proposals in which he invited the Soviet Union to join in the current 5-year program for the global eradication of malaria and to join with the United States in other campaigns against heart disease and cancer.

The 11 schools of public health in the United States are essential to our international health activities. Currently, 25 percent of the 1950-55 graduates of these schools of public health are working in foreign countries. Each is an effective ambassador for the United States. Without them, our bilateral and multilateral international health projects would not be possible. Without them, there would be no prospect of eliminating the centuries-old scourge of malaria from the face of the earth.

There are many logical and sound reasons why passage of H R 6771 is within the public interest. In this letter to you I have emphasized only 2—mobilization and international aspects—because of my own deep personal interest and my experience in these 2 aspects.

Sincerely,

HOWARD A RUSK, M D

THE AMERICAN PARENTS COMMITTEE, INC.,
Washington February 3, 1958

Hon JOHN BELL WILLIAMS,

Chairman, Subcommittee on Health and Science,
House Committee on Interstate and Foreign Commerce,
Washington, D C

DEAR SIR The American Parents Committee would like to register with your committee its unqualified support of H R 6771, and we would like this letter to become a part of the record of your hearings. The bill would permit the Surgeon General to allot to colleges which teach public-health officials up to \$1 million of the annual appropriation for public-health grants to States.

In our efforts to support legislation for children, we are continuously faced with the shortage of personnel needed to safeguard the health of the Nation's children. Doctors trained for public-health work are badly needed. We believe the 11 university schools in which all the physicians for public-health service are trained are as important to the Nation as the military academies which train leaders to defend our country. Military academies are financed entirely by the Federal Government. Schools of public health are financed by State or private funds, yet they train public-health officials for the whole Nation. We ask the question

"Where would the physicians to look after the public health of our communities be trained, if these 11 universities were to go out of business?"

The sum of \$1 million is a small amount, but it will help these universities to better meet the teaching load. We urge approval of the bill.

Cordially,

GEORGE J HECHT, Chairman

AMERICAN MUNICIPAL ASSOCIATION,
Washington, D C, February 3, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Health and Science Subcommittee,
 House Committee on Interstate and Foreign Commerce,
 Washington, D C*

DEAR CONGRESSMAN WILLIAMS Because of its interest in insuring high-quality performance by the health departments of its member cities, the executive committee of the American Municipal Association at its January 31 meeting voted unanimously to endorse H R 6771 and urge favorable action on it by the Health and Science Subcommittee Our association represents nearly 13,000 municipalities throughout the Nation

Passage of this important legislation would enable the 11 university schools of public health of this country to maintain and probably increase the flow of graduate-trained experts required to organize and administer health services in municipalities and at all other levels of government

We have been told that the recent report by the staff of the House Committee on Interstate and Foreign Commerce revealed not only a shortage of public-health workers throughout the country, but, also, that the schools of public health are too weak, financially, to increase their output of graduates This is a national problem which we feel the adoption of H R 6771 would help to solve by strengthening the only schools on which the Nation can rely for trained personnel to protect the health of its people

As mayor of San Francisco, I am keenly aware of the contributions which the schools of public health are making to my own city For many years we have utilized the products of these schools in San Francisco, and will be continually dependent on them for key health personnel Among the many graduates now serving on our staff are the director of public health for the city and county of San Francisco the head of the division of maternal and child health, and a number of district health officers

The shortage of public-health workers is handicapping health services seriously in most of our municipalities where officials are unable to find qualified specialists to fill health positions already budgeted It is for this reason, primarily, and also because of its concern for the health and welfare of the Nation as a whole, that the American Municipal Association is supporting H R 6771

I ask that this statement be made part of the hearing record

Sincerely yours,

GEORGE CHRISTOPHER,
President, Mayor of San Francisco

UNIVERSITY OF PENNSYLVANIA,
 DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE,
Philadelphia, January 27, 1958

Hon JOHN BELL WILLIAMS,
*Chairman, Subcommittee on Science and Health,
 Interstate Committee, House of Representatives, Washington, D C*

DEAR CONGRESSMAN WILLIAMS As one interested in the teaching and development of public health and preventive medicine, I wish to present to your subcommittee certain views on the need for adequate support for schools of public health in this country My interest would be in urging the passage of H R 6771, which would provide financial assistance to our 11 schools of public health

These schools are the only institutions which provide graduate academic training in public health that lead to graduate degrees In the expanding fields of public health and aviation medicine, the specialty board, the American Board of Preventive Medicine, requires formal training leading to the master of public health degree, together with appropriate residency and special training and experience under supervision of diplomates prior to certification in either specialty

It is, nevertheless, true that the majority of these physicians are being trained for public service Likewise, the public-health engineers, nurses, nutritionists, entomologists, and public-health educators who receive training in the schools of public health are, for the most part, engaged in public service It is a fair estimate to say that 90 percent of physicians and the ancillary public-health specialists who attend schools of public health are employed by the Federal Government (Public Health Service, military services, other) and by State and local governments Others are teachers in schools of public health and medical

schools, are in international medical organizations such as the World Health Organization and the Pan American Sanitary Bureau, or are with foundations or similar organizations, such as the American Tuberculosis Association

In general, the schools must depend largely on tuition paid by the individual or by the organization for which he or she works, limited endowments and certain types of foundation and private grants. These incomes are not sufficient to provide for the normal operation of the schools and their expansion and development in a discipline which is expanding rapidly and daily is becoming more important to the well being of our country and in the national defense. Because public health is almost altogether a salaried profession there is little prospect of significant general alumni contributions or of large donations by wealthy alumni. The users of public health personnel, being largely Government agencies, etc., as described above, cannot budget for support other than tuition and research grants.

Thus, the schools are in great need of supporting funds. Since using agencies of public health personnel are so preponderantly governmental at one level or another, it seems not unreasonable to expect that the Federal Government should provide appropriate financial support for the schools of public health along the general lines set forth in H R 6771.

Respectfully yours,

TOM F WHAINE, M D,
Professor, Public Health and Preventive Medicine

Mr WILLIAMS Shall we proceed with the witnesses?

Mr RHODES Mr Chairman, I wonder if you plan to complete the hearings in 2 days

Mr WILLIAMS If it is at all possible

Mr RHODES I notice that Dr Mattison is scheduled to testify tomorrow, but he is here now and I believe he would like to appear today as a witness because he has to return. He is the executive secretary of the American Public Health Service and former secretary of health of Pennsylvania.

Mr WILLIAMS We will do our best to accommodate Dr Mattison

Mr DINGELL Mr Chairman, prior to the doctor's appearing to testify could I ask our colleague, Mr Rhodes, one question in view of the letters we have received from the Bureau of the Budget and the other departments?

Mr WILLIAMS Yes

Mr DINGELL I note that they say because of the pending study which is to be completed some time around the first of this coming year that we were asked to defer action. But I note from the language of your bill, H R 6771, that the Surgeon General is not commanded to make these grants but he is just authorized to make these grants if it appears desirable and worthwhile and necessary.

Am I correct in my understanding of the bill?

Mr RHODES That is right

Mr DINGELL This is an authorization bill. He is authorized to do it if he deems it to be necessary and in the public interest, but he is not commanded to

Mr RHODES I wouldn't think so

Mr DINGELL On that basis, if we pass this bill now it won't make any difference. His hands will not be tied. He will be able to spend the money if he desires a little in advance of when he would be able to do so otherwise if we waited to act on this bill until after the first of the year. Am I correct in that?

Mr RHODES That is correct

Mr WILLIAMS May I say that is the way I understood the bill. Other members of the committee might have a comment to make on that.

Mr DINGELL May I ask that question again My understanding of the bill is just this That it authorizes the Secretary to make these grants as set forth in the bill He is not commanded to make these grants

Mr RHODES That is correct

Mr DINGELL Then pending the completion of this study, he is not authorized to make these grants, so that if this study shows that there is no need for legislation of this kind he will still not be commanded to spend this money or directed to spend this money in this way, but he will have a tool available to make the money available to the States if he so desires, and if the study reveals a necessity for it. He will be able to do so a period of some months earlier because of the fact that if we wait until after the first of the year, as he says, it would probably be the middle of 1959 before we get legislative action to permit him to do this, isn't that right?

Mr RHODES That is right I want to say this, however I don't feel that the Department is unsympathetic to this proposal I don't agree with their recommendation for delay I think this is an urgent problem The proposed study would certainly provide greater information, however, I feel they should be given the green light to go ahead with this program now I don't think it would interfere with any study they would make I believe it would help

Mr WILLIAMS Mr Dingell has raised a technical question with respect to the language of the legislation which I don't feel qualified to answer but I feel it is a question which should be posed to the Department itself as to their interpretation of that legislation They will be before the committee before we conclude these hearings

At this time the chairman would welcome and recognize Dr Hugh R Leavell, assistant dean of the Harvard School of Public Health

Dr Leavell, do you have a prepared statement?

**STATEMENT OF DR HUGH R LEAVELL, ASSISTANT DEAN,
HARVARD SCHOOL OF PUBLIC HEALTH**

Dr LEAVELL I do, sir

I would like your permission to delay that if I might in view of our numerous witnesses that are here If I could read a couple of excerpts from Dr Underwood's letter He called me and expresses his very sincere regret at not being able to be here and said if I could ask you to do that he would appreciate it

Mr WILLIAMS That is fine You might explain to the other members of the committee who Dr Underwood is

Dr LEAVELL Dr Underwood is Congressman Williams' State health officer, and I think it is interesting that we have the State health officer of a number of people here today Dr Mattison, representing Pennsylvania, has just been the State health commissioner there Dr Hilleboe will be here shortly Dr Baumgartner from New York City is here

In looking over the list I think it ought to be said that you gentlemen have such good health officers in your community—please don't judge all of the other places by yours and give us the opportunity to help train people to fill the shoes of the ones you now have

Dr Hutcheson of Tennessee is a fine one

Mr WILLIAMS We don't intend to let anybody but the Lord take Dr Underwood away from us

Dr LEAVELL If I could just read an excerpt or two from Dr Underwood's letter, I would like to be excused with perhaps the opportunity to come back tomorrow, if there is time

I have some charts I would like to show the committee

The letter reads as follows

Dr John Bell, if I feel able to make the trip I would like to be present and testify at the hearing on H R 6771, January 29 and 30 I would like to testify in person before the Health and Science Subcommittee of which you are chairman I feel that I am in position to know that this bill for aid to the schools of public health is a "must" if our Public Health Service in the United States is to make progress House Resolution 6771 authorizing the Public Health Service to grant \$1 million of the already authorized \$30 million to educational institutions which train public-health personnel for Federal, State, and local governments certainly would be a wonderful help to those of us who are responsible for the admission of public health in this country No new funds would be authorized under the proposed amendment I hope very much that your Health and Science Subcommittee will pass it out favorably

I look forward to seeing you but I am not entirely certain as yet that I will feel able to make the trip As you know, I am getting a bit old and decrepit

Then he says further on

One of our principal worries is training and securing trained personnel for the work which we have to do, and H R 6771 before your subcommittee will help materially

I am just so sorry that you could not see Dr Underwood and have some concept of the respect and admiration all of us in the public-health profession have for him

Mr WILLIAMS Thank you very much There was an article on Dr Underwood which was in, I believe, Reader's Digest within the past 6 months which I wish every member of this subcommittee could read, of the work he has done in our State I can assure the members of the subcommittee that he is held in the highest regard by the people of the State of Mississippi, and I am quite sure by his colleagues in his own profession

Thank you, Dr Leavell, we will try to work you in later

Dr Ernest L Stebbins, director of the School of Hygiene and Public Health, Johns Hopkins University

Dr Stebbins, we are very happy to have you before the committee

STATEMENT OF ERNEST L. STEBBINS, M. D., DEAN AND DIRECTOR, JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH

Dr STEBBINS Mr Chairman, members of the committee, Congressman Rhodes has so ably and completely presented the situation in the schools of public health that with your permission I will just emphasize 1 or 2 points and not take your time for the full testimony that we have planned

Mr WILLIAMS Doctor, the committee would be happy to have you do that, and receive the text of your entire statement to be inserted in the record

(Dr Stebbins' prepared statement follows)

TESTIMONY PRESENTED BY ERNEST L STEBBINS, M D, DEAN AND DIRECTOR OF THE JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH

I am Ernest L Stebbins, dean of the Johns Hopkins University School of Hygiene and Public Health, this is my major responsibility. I am at the present time also president of the Association of Schools of Public Health, and I am chairman of the American Board of Preventive Medicine. I have been engaged in public-health work almost my entire professional career, first as a county health officer, epidemiologist, assistant State commissioner of health in New York State, and commissioner of health of New York City. I will try to present the situation of the schools of public health from these different points of view.

First I want to express my appreciation to the committee for this opportunity to discuss the problems of the schools of public health of the United States. We recognize that you, as representatives of the American people, have a heavy responsibility for the maintenance of the strength, safety, and well-being of our country. We also recognize that there will be many demands upon the available resources of our country in the years to come. We in the schools of public health do not provide the education directly needed by the mathematicians, physicists, or engineers who will produce the superguided missile or other weapons for the protection of our country. We do, however, provide the education needed by the health scientists who will make it possible for these people to work at maximum efficiency.

We have long since learned that a strong nation must be a healthy nation. During the last war when it was necessary to develop our industrial and military strength to the maximum for the defense of the country, it was found necessary and profitable to greatly strengthen the health services of the civilian and the military population. It is the job of the schools of public health to provide the educational opportunities necessary to prepare the health scientists to meet the needs of our country in time of war or in time of peace.

A glance at the alumni roster of the school of public health with which I am associated, just one of the 11 schools, shows the names of the Surgeon General, the Deputy Surgeon General, at least two Assistant Surgeon Generals, of the United States Public Health Service, Directors and Assistant Directors of National Institutes of Health, State health officers of some of our largest States, innumerable city and country health officers, research scientists in Federal, State, and university research centers, those responsible for preventive medical services in the Army, the Navy, and the Air Force. These are the health scientists trained in the schools of public health who in a large measure are responsible for the health of the Nation.

Preventive medicine was recognized as a specialty a little over a decade ago, and certification is now provided for specialists in public health, aviation medicine, and occupational medicine. The education for these specialists is provided in the schools of public health and in the residency training programs closely associated with the schools.

The schools of public health make another contribution to the welfare of our Nation through the program of international cooperation. As a part of the program of aid to friendly nations of the free world, many physicians and other health scientists have been brought to the United States under the sponsorship of the Federal Government for education in the field of public health and preventive medicine. There is increasing evidence that this program has contributed materially to the improvement of health in other countries and has been an important factor in furthering friendly relations among the countries of the world. Here also we find among the graduates of the school with which I am associated, 1 of the 11 schools of public health, the Director General of the World Health Organization and the heads of several major divisions, the regional director and deputy director of the Americas, medical officers of health in 75 different countries of the world. These and the graduates of the other schools around the world are not only contributing to the improvement of world health but are ambassadors of good will toward the United States.

It has become increasingly difficult for the schools of public health to maintain high standards of education in the constantly broadening field of public health, and with the constantly increasing costs of the educational program. The privately endowed schools have encountered great difficulty in increasing endowments to keep pace with the rapidly increasing costs of education, and the urgent needs for new developments. The State schools have been asked embarrassing questions by appropriation committees in State legislatures. In some of the State schools only a very small proportion of the students come from the State.

in which the school is located, and in all of the State schools the majority of students are from out of State

The actual cost to the universities of providing graduate education in public health is far in excess of any tuition paid. The cost of education in public health is high, because of the need for expensive equipment, costly laboratories, libraries, and an adequate faculty. The cost in the various schools per student per year varies somewhat but averages approximately five times the tuition paid for each student.

The schools of public health are unique in that they provide education almost exclusively for persons going into public service, in Federal, State, or local governmental health services, or in voluntary health agencies. A considerable proportion of the students enrolled in the graduate schools of public health are sponsored by the Federal Government under fellowship programs or through direct assignment to the schools by governmental agencies. In this respect the schools of public health could be compared to the military academies, in that the schools of public health like Annapolis, West Point, and the Air Force Academy, train leaders for governmental services. It has been said that in effect the schools of public health are subsidizing government through this training for public service at a cost far in excess of the tuition paid by government.

Lest we appear ungrateful we should point out that the schools do receive considerable support through research grants and categorical training grants. Unfortunately, much as the schools favor the program of research grants these programs actually add to the financial burden of the schools to the extent that payment of indirect costs does not equal the added expense to the university resulting from these project grants. The categorical training grants make possible the development of much needed new developments in certain areas but do not relieve the financial pressures resulting from increased costs in all phases of the educational program, nor do they provide for much needed new development for which no categorical provision is made.

The financial situation of some of the privately endowed schools has reached the point that a painful decision must be made to either curtail the educational program or operate at a deficit which must come from the capital endowment and eventually the loss of this important source of support for the educational effort and eventual impairment of the quality of the program.

After study of the situation in the schools of public health the board of trustees of the Johns Hopkins University adopted a resolution that, "Notwithstanding its firm opposition to the principle of Federal aid to private institutions of higher education for general operating purposes, the board of trustees do hereby go on record that Federal support on a continuing basis to approved schools of public health is justifiable and necessary."

The funds proposed in H R 6771 are small compared with the need and the importance of the activities supported but would have a far-reaching effect. Enactment of this legislation will perhaps be a deciding factor in maintaining this country in a position of leadership in the field of public health.

RESOLUTION OF FEDERAL AID TO SCHOOLS OF PUBLIC HEALTH

Whereas graduate schools of public health, including the School of Hygiene and Public Health of the Johns Hopkins University, are unique in that they provide educational opportunities almost exclusively for persons going into public service either in Federal, State, or local governmental health services or in voluntary health agencies, and

Whereas a major proportion of the students enrolled in the graduate schools of public health are sponsored by the Federal Government under fellowship programs, and

Whereas as one means of improving international relationships and thus promoting world peace, a significant number of students from foreign countries are sponsored either by the United States Government through the International Cooperation Administration, the World Health Organization, or private foundations, and

Whereas the actual cost to the universities of providing this graduate training is from 5 to 7 times the tuition paid for each student, and

Whereas the universities are encountering increasing difficulty in meeting their financial obligations and at the same time in maintaining high standards of graduate education. Therefore be it

Resolved, That, notwithstanding its firm opposition to the principle of Federal aid to private institutions of higher education for general operating purposes, the board of trustees of the Johns Hopkins University hereby finds that Federal

support on a continuing basis to approved schools of public health is justifiable and necessary, and authorizes the President and other appropriate officers of the university to request such support either directly with Federal officials or in cooperation with the leaders of other schools of public health

Dr STEBBINS I will identify myself as you mentioned

I am at present the dean and director of the School of Public Health of Johns Hopkins University. Before that I was health officer throughout almost my entire professional career, first in the State of Virginia, then New York, and finally as health officer of New York City

I am also at the present time the president of the Associations of Schools of Public Health and have been concerned with the problems of all of the schools as of other members of the association. I am also chairman of the American Preventive Board of Medicine which certifies specialists in this field

I would like to point out that I can look at this situation from the standpoint of a health officer. We were very much in need of the trained personnel in the State of New York and in the city of New York and the schools of public health provided the training for the professional scientific personnel that were employed in those departments

Without that training we would not have been able to carry out our function adequately

We realize that you as representatives of the American people have very heavy responsibilities and that there are many demands upon the resources at your disposal. We are all aware of the tremendous interest in science at the present time, and the training of the scientists that may contribute to the defense of our country

We do not train mathematicians or engineers or physicists who will produce the super guided missile that will be so important to our defense. But we do train the health scientists who make it possible for those people to work effectively and at maximum efficiency

We learned during the last World War the importance of maintaining our industrial potential. As you all know, there was a great impetus to the improvement of health services, particularly to strengthen our industrial effort

We have some pride in the people that have been graduated from the schools of public health, the present Surgeon General, the Deputy Surgeon General of the Public Health Service, several Assistant Surgeon Generals, the Directors of the National Institutes of Health, health scientists in the major positions of responsibility and research, State health officers, as you have been told, the preventive medical officers of the Army, Navy, and Air Force

Preventive medicine in public health has been recognized as a specialty in medicine by a duly authorized specialty board. The training of those who are to be certified in public health, aviation medicine, and occupational medicine is provided in the schools of public health.

Without these schools there would be inadequate opportunity for the training of these health specialists.

As Congressman Rhodes pointed out very effectively, the schools of public health have an important international aspect. We train many students from other countries. These students go back to their own countries and serve in the improvement of the health of the world as a whole

Just going over the recent graduates of our school, we find that the Director General of the World Health Organizations is a graduate. Many of his chief assistants, directors of divisions, also. The ministers of health or the chief medical officers of some 60 or 70 different countries are graduates of schools in this country. This we are proud of but we are concerned that we may not be able to continue to do as effective a job in training public health personnel as we have in the past.

The privately endowed schools are having increasing difficulty in raising funds for endowment because of the many factors. The State schools have difficulty in maintaining the high level of education that they have maintained in the past because the legislators of those States question the wisdom of appropriating funds for the training of students from other States and from other parts of the world.

The actual cost to a university of training personnel for public health is far in excess of the tuition that is paid. For example, the Federal Government sends a significant proportion of the students to these schools. They provide the tuition charges under various traineeship programs or assignment of military and public health service personnel to the schools. But the cost is from 4 to 5 times the tuition that is paid.

It has been pointed out that in a sense the schools of public health are comparable to the military academies in that the schools of public health train leaders for public service.

At the present time these schools are in a sense subsidizing the Federal Government by providing education which costs far in excess of the payments that are made for these students.

Lest we appear ungrateful, I would recognize that the Federal Government has given assistance to the schools in certain categories. Grants for training of specific types of personnel under categorical grants of the National Institutes of Health have been of great assistance to the schools in maintaining high standards and in providing for the education of specialists in these fields.

The research grants under the National Institutes of Health and from the Children's Bureau have been of great value to the schools and to the country as a whole. The tremendous impetus in medical and public health research has come from the Federal Government. We recognize that.

These grants, however, do not actually assist the schools financially. They assist us in maintaining an important program, but the indirect costs that are provided under these grants are less than the actual cost to the University. In a sense it might be said that the research grants program has increased our financial problem. We would not for a moment suggest that they be discontinued, however.

In consideration of all of these factors, the trustees of the Johns Hopkins University which I might point out are not known as a radical group, have passed a resolution recognizing the importance to public service rendered by the schools of public health recognizing the tremendous value in international work and pointing out that the graduates of these schools are actually ambassadors of good will throughout the world, and recognizing the increasing difficulty of providing the funds necessary for maintaining the schools at a high level.

Resolved, That notwithstanding its firm opposition of the principle of Federal aid to private institutions of higher education for general operating purposes, the board of trustees of the Johns Hopkins University hereby finds that Federal support on a continuing basis to approved schools of public health is justifiable and necessary, and authorizes the president and other appropriate officers of the university to request such support either directly with Federal officials or in cooperation with leaders of other schools of public health

I would like just finally to point out that the provisions of this bill, important as they may be and recognized by all of us as of vital importance to maintaining high standards of education, do not provide for all of the needs of the schools

We believe that the enactment of this legislation will, however, be a deciding factor in maintaining this country in a position of leadership in the field of public health. We hope very much that favorable consideration will be given

Mr WILLIAMS Thank you very much, Dr Stebbins

The Congress passed an act in 1956, subsection (e) of section 306 of the Public Health Service Act, directing the Surgeon General to call a conference on this subject between June 30, 1958, and December 1, 1958, and to submit to the Congress on or before January 1, 1959, a report on the conference including any recommendations relating to limitation, extension or modification of this section which, of course, means any recommendations that they might have for legislation in this field

Would you like to comment with respect to the need for immediate relief prior to receiving the report of that conference?

Dr STEBBINS We have the Association of Schools of Public Health cooperating with the conference group that are collecting this information. We believe without question the need for this assistance will be recognized in that report

Of course, that report is primarily concerned with the traineeships and fellowships. The authorization for the study was broad enough, we believe, to include consideration of the needs of the schools that provide the training for these trainees

We believe that the enactment of this legislation would make it possible for the Surgeon General to implement anticipated recommendations of that Conference. That is an anticipation. We believe that this would make a tremendous difference in getting the new developments in public health that are so needed in the schools started at a much earlier day

We therefore feel that this legislation is necessary and would augment and implement the findings that we expect from that conference

Mr WILLIAMS Is it your feeling that this is needed at least as stop-gap legislation if nothing else?

Dr STEBBINS Yes, it is

Mr WILLIAMS And that it is needed notwithstanding the fact that the Conference which will be held might recommend an entirely different approach to the matter?

Dr STEBBINS Yes. I think even if some more adequate provision for the needs of the schools were recommended and enacted that would not vitiate the help that will be provided under this program

I think this legislation if passed will be taken into consideration in recommendations that might come as a result of that conference.

Mr WILLIAMS Doctor, what would be your attitude or your feeling about a possible amendment to the Rhodes bill which would

place a limitation on the availability of these funds and the applicability of the amendment that Mr Rhodes would place on this. That is, 1 year, 2 years, 3 years in order to provide that there shall be a congressional review of this following the submission of the report of this Conference.

Dr STEBBINS I would personally see no objection to having an evaluation after an experience of a year or 2 or 3. I believe the schools would welcome an evaluation of the use of these funds. We have no doubt that we can show that they were being used to strengthen the health of the country and to improve the quality of health services in the country.

Mr WILLIAMS I have one more question, Doctor.

Do you have any information that you could give the committee in . . . the way of statistics as to the number of public health workers in the United States Government service, both Federal, State, county, and local, and possibly a breakdown of the numbers employed by the Federal and State Governments and the various subdivisions of the States?

Dr STEBBINS I am afraid I could not give you an accurate figure on the numbers employed in the different agencies at the present time. There have been studies carried out by the Public Health Service of the availability and employment of public health personnel.

I would be drawing from memory and I am afraid it would not be accurate.

Mr WILLIAMS Mr Rhodes, have you any questions?

Mr RHODES I have no questions.

Mr WILLIAMS Mr Bush

Mr BUSH No, I believe not.

Mr WILLIAMS Mr O'Brien

Mr O'BRIEN I have just two brief questions.

Doctor, as I understand your statement you don't believe that this legislation would constitute a Federal encroachment upon the private institutions of learning or upon the State field because you feel that the functions now being performed transcend not only State lines but even national lines, is that correct?

Dr STEBBINS That is correct.

Mr O'BRIEN I think that is why you used the parallel of the service academies?

Dr STEBBINS Yes.

Mr O'BRIEN I have one other question.

Mr WILLIAMS Will the gentleman yield at that point?

Mr O'BRIEN Yes.

Mr WILLIAMS As he knows, I am a very zealous believer in protecting the sovereignties and prerogatives of the several States, but I am afraid I am inclined to agree with Dr Stebbins in this respect. I think he made a rather significant statement a moment ago that these schools in effect were subsidizing the Federal Government by training these students for Federal service at a tremendous loss.

Mr O'BRIEN The Chair will understand the purpose of my question. We run into that situation very frequently, and I want to make very sure that I am in a position to tell the physicians in my State and others who might be interested that this is not Federal encroachment. What it will do is exactly what the chairman just said.

Mr WILLIAMS If I am satisfied, I think they should be.

Mr O'BRIEN Mr Chairman, I am satisfied I am just looking for an explanation if I have to make one

I have one other question, Doctor With respect to this million dollars, I wonder how much you can do with a million dollars in a field as big as this one, covering as many institutions By the time it is divided it would be a very small sum

Do you think that a million dollars so divided would be important enough to warrant limitation to that amount at this time?

Dr STEBBINS I can assure you that none of the members of the Association of Schools of Public Health would object to an increase in the appropriation I think this would be an appropriate beginning It would not meet all of the needs of the schools

We have attempted to estimate the long range needs of the schools, but we have no firm figure that would be supported by all of the schools We think that the million dollars would be a beginning and would help us to maintain the leadership that we feel that we have now in this country in the training of public health personnel

Mr O'BRIEN It might be called a shot in the arm at a time when it is needed

Dr STEBBINS Yes

Mr O'BRIEN Thank you very much

Dr STEBBINS Mr Chairman, Dr Leavell has given me a table which is an answer to part of your question concerning the number of public health personnel This applies only to the full time health officers

In 1956, there were 1,446 positions and there were 436 vacancies, or 30 percent of the positions were vacant because of lack of trained personnel

Mr WILLIAMS Thank you, Doctor

In the staff report of our own committee on its medical-school inquiry in the first session of this Congress I find the following information

On page 158 there is a question

Is there a demand for training persons who are already employed in public health work?

The answer as given by the staff or the information collected by the staff follows

State health officials recently estimated that of approximately 26,000 professional persons employed by State and local health departments only one-third had a year of public health training but that two-thirds of them should have such training

These estimates indicated that over 9,000 needed the training and over 1,300 of them might be trained each year

Dr STEBBINS I think those are accurate figures We participated in the collection of some of those

Mr WILLIAMS Dr Neal

Dr Neal, in mentioning the public health officials employed throughout the States, what percentage would you say of the salary of the average public health official serving in a State or county or city health organization, is Federal subsidy?

Dr STEBBINS There again I am afraid I don't have an accurate figure

Mr NEAL It would probably vary from State to State inasmuch as certain matching provisions enter into the matter Generally speak-

ing, we have to recognize that the Federal Government does help to support and subsidize the whole public health organization throughout all the States

To what extent I would not be able to estimate

Dr STEBBINS I can answer only for Maryland because I happened to go over those figures recently

The support for health service in the State of Maryland, the Federal grants make up about 10 percent of the total It might be much greater than that in many States

Mr NEAL In many States it is quite an increase over that My question was really brought about by Mr O'Brien I just wondered how successful you would be with a \$1 million appropriation toward solving the many problems that confront your institutions

Might I ask, for instance, in your own university, what percent of that \$1 million would you expect to get and how would you be able to apply it?

Dr STEBBINS If it were divided equally among the 11 schools we would get approximately \$90,000 We are running at a deficit in excess of that at the moment that has to be made up from other university funds, or withdrawn from our endowment At the same time, we are planning the inauguration of several new programs

For example, we have established a department of radiobiology Funds that might come to our school from an appropriation of this kind would mean that we could implement and develop that department immediately Whereas, if we do not have funds it will have to be either supported from temporary grants that we may get from foundations or others or it may not be possible to fully develop the department We have in our own university a campaign on to raise funds for the endowment We have approval of the trustees for an increase in the endowment by approximately \$7 million Whether it will be possible to raise that or not we have no idea The income from endowment, if we relied on that, to replace \$100,000, we would have to have an increase in our endowment of roughly \$3 million

That has been very difficult to do Our own university endowment has increased over the years but not in proportion to the increased costs of maintaining the school

Mr NEAL You find throughout all the States that the States and counties are cooperating very well in an effort to build substantial local health organizations

Dr STEBBINS Yes

Mr NEAL I understand that one-third of the positions throughout the country are still unfilled

Dr STEBBINS Yes

Mr NEAL That demonstrates the need for training more individuals, and recognizing the fact that this not only trains public health officers but nurses and engineers and scientists

Thank you, Doctor

Mr WILLIAMS Mr Dingell

Mr DINGELL Thank you, Mr Chairman

Doctor, I have just a couple of brief questions here As you know, I referred in a question to my friend and colleague, Mr Rhodes, the recommendations of the Department of Health, Education, and Welfare and the Department of Labor, and the Bureau of the Budget,

asking that action on this bill be held off until after the first of the year

I am sure you know what that would mean. That would mean that probably congressional action would be delayed until June or July of 1959.

In addition to that, we would find an additional delay in the Department's being able to implement the program and it would probably put it off until some time around November or December of the same year, 1959. That is about a year and a half hence.

In view of what you have already said on the fact that your university and other universities throughout the country are running at a loss, would you care to give us an idea how this would effect curtailment of what you regard as being essential programs?

Dr STEBBINS The privately endowed universities are faced with a problem that is one of the most painful that we have ever had to face. Do we lower our standards of education and come in balance with the funds available to us, or do we expand capital funds to maintain a high level of education?

Our trustees have approved the latter, although that means eventually that would mean the dissolution of the school that is privately endowed or the loss of the endowment funds. We believe unless some assistance of this kind can be given we have to face that issue very frankly.

Either lower our educational standards or go out of existence eventually.

Mr DINGELL Let me ask you this question. What would a year and a half delay in passage of this bill cost your university?

Dr STEBBINS I can't give you an accurate figure because we don't know how these funds would be distributed. If they were distributed equally among the 11 schools it would mean approximately \$90,000 a year to our school.

Mr DINGELL Or \$135,000 over this period during which you would have to lower your standards or lower your endowment.

Would you say that is a rather common problem of privately endowed schools throughout the country?

Dr STEBBINS Yes.

Mr DINGELL You feel other schools would face a similar problem?

Dr STEBBINS Yes.

Mr DINGELL Thank you very much, Mr Chairman.

Mr WILLIAMS Doctor, in regard to your answer to Mr Dingell's question and your statement that you don't know how these funds would be distributed, how is the \$3 million presently distributed, if you know? Is that distributed equally to the training institutions?

Dr STEBBINS No. That \$3 million is not distributed to the training institutions. It provides for the training of public health personnel, some of it in grants to States for training of public health personnel, some of it used for the training of public health service commissioned officers and staff members. It is not funds that are made available to the schools for the educational program.

Mr WILLIAMS Doctor, is it your feeling that the Surgeon General should be given full and absolute authority in this respect?

Dr STEBBINS We have great confidence in the Surgeon General, but I believe it has been customary for man to have the advice of a

council of outside competent people and I think that would be an appropriate procedure

Mr WILLIAMS What would be your feeling about it? Would you feel that the fund should be distributed equally among the 11 schools or should they be distributed on a per pupil basis or perhaps in some other manner?

Dr STEBBINS I think that all of the schools should be given support. They all need it. I think the size of the school might be taken into consideration in making the grants. I think there would be some justification for that.

We have had experience with distribution of funds under a formula that would take into consideration the needs of the individual agencies that have received grants. I think that might be appropriate in this case.

Mr WILLIAMS Do you feel that the language as it is contained in this bill should be left as is, or do you feel that the committee should attempt to write into the legislation some formula by which these funds should be distributed?

Dr STEBBINS We have, as I say, confidence in the wisdom and competence of the Surgeon General, but I think it would be quite appropriate for the language to be included in the bill to specify how this money should be handled.

Mr NEAL May I ask a question there?

Mr WILLIAMS Dr Neal

Mr NEAL Don't you think it would be well to nail down the rule by which the Public Health Service would divide these funds? Wouldn't it be much more beneficial if they took in the actual needs of the various schools?

For instance, whether it is a question of training more public health people for our own domestic use or whether we want to get into the field of activity where foreigners are trained. We had that subject brought clearly before us when we were down in Puerto Rico last year. They emphasized the fact that they trained quite a number of people from the Caribbean and Latin American countries. If it is a question of emphasizing the foreign interests of our country it ought to be left rather open, it seems to me, to the public agency which distributes this fund to have their freedom of choice. That would be my idea.

Dr STEBBINS We all feel in the schools that there is a real contribution we can make in the training of foreign students. I think whether that is an important issue to the Congress of the United States only the Congress can determine. From our own experience we feel that was an important aspect of the training program. We judge from the attitudes of the Public Health Service and the Surgeon General in the international field that they also feel that is an important aspect of the program.

Mr NEAL Thank you.

Mr WILLIAMS Are there any further questions?

Mr O'BRIEN Mr Chairman, may I suggest that if we try to spell out in this bill an exact formula then we might possibly be accused of invading the field of that evaluation committee which is working on the problem. I think if we give this general authority at this time as sort of stopgap legislation, if you will, we will be on sounder ground.

Mr WILLIAMS I quite agree with you. I am of the opinion that would be a matter for consideration in executive session. At any

iate, I welcome the opinions of the witnesses who do testify on this subject I feel sure that members of the subcommittee do also

Mr BUSH Doctor, did your school receive any benefits through appropriations from the State Legislature of Maryland?

Dr STEBBINS No

Mr BUSH Do any of the other schools that have been mentioned here receive benefits?

Dr STEBBINS I am afraid I can't answer that question I don't think that any of the privately endowed schools receive State funds. I would have to check with the others to be sure of that I don't think that any of them do

Mr BUSH I feel sure you are right Is it your understanding that the public schools do?

Dr STEBBINS The schools in the State universities receive the major portion of their support from the State

Mr BUSH Through appropriation?

Dr STEBBINS Yes

Mr BUSH That is all

Thank you, Doctor

Mr WILLIAMS Thank you very much, Dr Stebbins

At this time the committee would be very happy to hear from Mr Lane Kirkland, department of social security of the AFL-CIO

Mr BOOKRINDER I am the legislative representative for the AFL-CIO, Mr Kirkland will give the testimony I would like the privilege that Mr Biemiller who respects this committee very fondly had insisted upon being present today, and requested that he be put on today rather than tomorrow We now find that he cannot be here because he has been stricken with pneumonia I am glad to report quickly that he is feeling better He is very much interested in this piece of legislation and hopes for favorable action

Mr Kirkland is the assistant director of our social security department and the expert on health matters

Mr WILLIAMS Thank you very much

Mr WILLIAMS Mr Kirkland, we are glad to have you before the committee I state I am very sorry and I am sure other members of the committee are, that our former colleague, Mr Biemiller, could not be here We are very sorry to hear of his illness, but very glad to hear that he is improving in the last 24 hours We hope he will continue to improve and be back with us before long

**STATEMENT OF LANE KIRKLAND, ASSISTANT DIRECTOR,
DEPARTMENT OF SOCIAL SECURITY, AFL-CIO, WASHINGTON,
D. C.**

Mr KIRKLAND Thank you, Mr Chairman

My name is Lane Kirkland, assistant director, department of social security, AFL-CIO

I would like, Mr Chairman, in the interest of time, to insert the complete statement in the record

Mr WILLIAMS Your statement will be received.

(The statement follows)

STATEMENT OF LANE KIRKLAND, ASSISTANT DIRECTOR, DEPARTMENT OF SOCIAL SECURITY, AFL-CIO, JANUARY 29, 1958

We welcome the opportunity to appear before this subcommittee in support of the Rhodes bill, H R 6771. This bill proposes to amend section 314 (c) of the Public Health Service Act so as to earmark a portion, not to exceed \$1 million, of the \$30 million already authorized by that section of the act, for the purpose of grants-in-aid to schools of public health.

The AFL-CIO strongly favors the enactment of this amendment, as a constructive step that promises results, in terms of the national welfare, that will far outweigh the relatively small sum involved. The Congress will have few opportunities to make a wiser and more productive investment, at less cost, than that afforded by the Rhodes bill. The bill, in fact, calls for no new money but simply the allocation of a small part of money previously authorized by the Congress to be spent.

If an adequate supply of competent personnel for essential Federal, State, and local public health activities is to be assured, the schools which specialize in their training must receive greater financial support than is the case today. It is entirely logical and reasonable that the Federal Government should assume a share of this burden—for, almost by definition, those schools are engaged in an essential public service which is charged with a clear-cut Federal interest.

Their field of training and study embraces a wide range of problems and issues that figure prominently today in the concerns of the Congress, of every level of Government, and of the public at large. The constant battle against contagious disease and the threat of epidemics is in very large part a public health function. The control of radiological hazards, the reduction of air pollution, the protection of pure water supplies, the conservation of manpower in the face of industrial hazards, and the safeguarding of infant and child health all depend in large measure upon vigorous and well-staffed public health programs. The security of our Nation and its people in the event of external attack, as well as a host of other dangers, relies as surely upon the support of such crucial but undramatic programs as these as it does upon the development of missiles, satellites, and other wonders of the space age.

To the working people of America, their health is their most priceless possession, their livelihoods depend upon it. Environmental factors, which are the special province of public health agencies, have a very important bearing upon their physical welfare, both on and off the job. Working people, accordingly, have a strong particular interest in the activities of those agencies, as well as the general interest which they share with other sections of the public. That interest is perhaps most clearly apparent in the occupational and industrial health functions of those agencies. The support of the AFL-CIO for the bill now before you is based, therefore, upon very practical grounds.

These vital functions and activities cannot be effectively maintained, or extended as they should be, without an expansion in the number of trained public health physicians, nurses, engineers, and other professionals. There is today a serious personnel shortage in this field, and it is growing more acute.

State and local health departments have been unable to secure enough qualified persons to fill the positions they have available. The number of posts for local health officers has increased in recent years in keeping with the necessary growth of services and needs, but the number of vacancies has increased at a greater rate. As a result, according to our information, 30 percent of such positions were vacant last year.

The growing magnitude of this personnel shortage is further revealed by recent studies of the problem. A 1951 study found that 3,200 positions in State and local health departments were unfilled, including 458 positions for physicians, 1,108 for public health nurses, and 474 for engineers and sanitarians. A 1953 study by the Public Health Service found that the number of persons needed to meet minimum staffing standards was considerably greater, and that 1,720 additional public health physicians would be required to reach the minimum standards of 1 per 50,000 population, or at least 1 for each local health unit.

The source of supply of trained public health physicians and other specialists to meet this shortage is concentrated in 11 schools of public health. In addition to furnishing qualified persons to fill the vacancies that exist, these schools provide further training for existing employees of State and local public health departments, the Public Health Service, the Armed Forces and other public and voluntary agencies so as to enable them to improve their skill to keep up with expanding public health responsibilities, and to contribute to research activities essential to future progress.

Last year, these schools enrolled 1,159 graduate and special students and granted advanced degrees to 696. Undoubtedly, no school system in this country—other than the military service academies—is more wholly devoted to the preparation of individuals for the public service than these institutions. Of the 3,000 persons who graduated during the period 1950–55, 70 percent are in Federal, State, or local service, 22 percent work for voluntary health agencies, and 8 percent are engaged in industrial health or other activities.

Of these 11 schools, 5 are attached to State universities and supported mainly by State funds. In the case of the six private schools, teaching is supported largely by private funds, endowments and gifts. Of the 1950–55 graduates, only 25 percent are employed in the State where they attended school, 50 percent are employed in other States and 25 percent in foreign countries.

In effect, therefore, the States and universities which now shoulder the cost are subsidizing public health training for all of the other States and communities in the Nation, as well as for the Federal Government and a number of foreign countries. The Federal Government derives very substantial benefits and advantages from the work of these institutions without any commensurate contribution toward the costs involved. Tuition and subsistence payments for students entered under Federal and State traineeship programs do not cover the costs actually borne by the schools, nor do research grants apply to the expense of teaching. Tuition payments, in fact, meet only 11 percent of the basic teaching budgets of the schools.

According to our information, in 1955–56 the teaching cost per graduate and special student averaged \$4,200 for the 11 schools. The schools are now experiencing increasing difficulty in obtaining operating funds sufficient to support present levels of enrollment and teaching staff. Any further increases in enrollment that may result from additional aid to students will increase still more the need for new operating funds from sources other than tuition, and will tend to aggravate rather than ease the financial problem of the schools.

In short, it is quite apparent that direct financial aid to these schools is the key to the expansion of the supply of trained personnel that is needed to keep pace with the growth of public health needs and responsibilities. The sum that would be made available by the enactment of H. R. 6771 is far less than a full measure of the public's stake in this objective or the degree of the Federal responsibility for its attainment.

The AFL-CIO therefore strongly urges the early adoption of the amendment proposed by the Rhodes bill.

MR. KIRKLAND: I would summarize, in effect, certain sections of it.

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Their field of training and study embraces a wide range of problems and issues that figure prominently today in the concerns of the Congress, of every level of government, and of the public at large. The constant battle against contagious disease and the threat of epidemics is in very large part a public-health function. The control of radiological hazards, the reduction of air pollution, the protection of pure water supplies, the conservation of manpower in the face of industrial hazards, and the safeguarding of infant and child health all depend in large measure upon vigorous and well-staffed public-health programs. The security of our Nation and its people in the event of external attack, as well as a host of other dangers, relies as surely upon the support of such crucial but undramatic programs as these.

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The AFL-CIO, therefore, strongly urges the early adoption of the amendment proposed by the Rhodes bill.

Mr. WILLIAMS Thank you very much, Mr. Kirkland. In glancing over your statement, I notice you gave some very interesting and, certainly some valuable figures to this committee. I am very sorry that time limitations precluded your reading the entire statement. I hope that the members of the subcommittee will have an opportunity to read this within the next few days, because I think you have some very pertinent information in there.

Are there any questions on the part of the members?

Mr. Rhodes?

Mr. RHODES I have no questions.

Mr. WILLIAMS Mr. Bush?

Mr. BUSH I am going to try to accommodate the chairman and save time.

Mr. WILLIAMS The chairman has all the time in the world.

Mr. O'Brien?

Mr. O'BRIEN No questions.

Mr. WILLIAMS Mr. Dingell?

Mr. DINGELL No questions.

Mr. WILLIAMS Mr. Neal?

Mr. NEAL No questions.

Mr. WILLIAMS Thank you very much, Mr. Kirkland.

Mr. KIRKLAND Thank you.

Mr WILLIAMS Dr Leona Baumgartner, the New York City health commissioner, is our next witness

STATEMENT OF LEONA BAUMGARTNER, M D, M. P. H., PH D., COMMISSIONER OF HEALTH, NEW YORK, N Y

Dr BAUMGARTNER I, too, will try to conserve your time and, being a lady, I won't try to have the last word, either I do have a prepared statement, but I would like to, perhaps, summarize it briefly and comment on some of the things that have been said as I have been listening here

I am a pediatrician as well as a public-health officer, and I have served in New York City for a long time I have served throughout the country I have even been abroad to that charming country of Nepal

I would like, sir, to talk about international health problems I happen to have been president of the National Health Council, in which so many of the volunteer health agencies are represented I have the honor of being the president-elect of the American Public Health Association I just wanted you to know from what kind of background I was talking

Many people think that, because of the size of New York City and because of Wall Street, or something or other, New York City has all the money and all the personnel and all the facilities that we need to tackle almost any job I just want to tell you that that is not so at all We have exactly the same problems that you have in every one of the States that is represented in Congress

Many public-health people from all over the country visit our Department every year I travel around I go back to the other parts of the country where I have worked and lived I am frequently called out to other States for public-health meetings Every place I go, I get exactly the same story I hear it over and over again We all need additional trained public-health workers, and to get them we need to train more workers in this highly specialized field, and the only place the people are going to get the training is in these schools that you are talking about today I am sure you are going to hear all about the needs of those schools

I would like to say, Mr O'Brien, I think I know them all pretty well, and I have not heard one of them say anything at all in opposition to this bill on the ground of Federal encroachment with either the educational authority or prerogative or with States rights. I think this is quite an unusual situation in relation to these affairs

However, I am really interested, as I sort of think you ought to be, in how this problem of the public-health schools affects the health services to the men and women and children that you represent That is what I am here to talk about, because I work at a local level and I see them on a day-to-day basis

I want to tell you why, if the schools of public health are in trouble, the citizens of New York are in trouble, and the citizens of every other State and every town in this country as well as the rural areas are in trouble. That is the reason I just want some action on this bill in a hurry. I think I can do this in a nutshell if I tell you the 2 halves of the nutshell

The first one is that New York City now needs and is beating the bushes to find—we are swiping them every place we can possibly do it—247 public health trained doctors, dentists, nurses, and engineers, chiefly—some other professional people—to fill budgeted vacancies. This is roughly 10 percent of our professional budgeted staff and we cannot find the people.

This situation has changed very little over the past 5 years.

In addition, there are at least 16 top professional positions unbudgeted because of known personnel shortages. These include such strategic categories as radiological health. We do not know where to get a trained guy so we are waiting for that kind of thing.

The head of our Crippled Children Services has been vacant for some 4 years now, chemists, engineers, a lot of top-level public health stations, and so we keep our records in the best way we can.

We cannot lure these people to New York City with any bait that we have yet found. It is because there is an absolute shortage of them.

Furthermore, if I look at my own staff, there are about 1,500. Actually you will find a table on page 3 of my testimony, there are about 5,500 people in the health department. There are about 1,500 of them in the categories of physicians, dentists, nurses, sanitarians, health educators. We consider that of the 176 key people out of this group—that is, our top generals and majors and colonels—I ought to limit that only to the generals and colonels really—of that 176 only 65 of them have the kind of training that we think they ought to have. This means that two-thirds of them are still without the full training that they need.

Finally, I think you ought to realize that public health is a continuously changing kind of business. As one problem is solved and we lick one disease, we move into another. As one kind of environmental hazard is solved, we try to move into another. There is a need for continuing public-health education just to keep abreast of the new knowledge. This continuing education is something that schools of public health are just beginning.

Our own school in New York, the Columbia University School, has just started this for the benefit of New York State workers and New York City workers.

We are concerned that their current financial status, they have a short-time 3-year grant to get started on this, will cause them to discontinue the school if they have not the funds to keep on the training that our people who are already trained for today's job need to take care of tomorrow's job.

Incidentally, I see that Columbia apparently is not here but the head of that school is at my door quite often, saying,

"Isn't there some way that you can give us some money from the local health department to attempt to help us in our financial difficulties?"

I would like to add one other item. Our sister public departments of hospitals, of mental health, our volunteer health agencies in New York City, have exactly the same need for some trained public-health workers. I cannot tell you what the total is, but I know they, too, come to me.

I have attached to my testimony a little chart that shows you only one category and that is the doctors I think Dr Leavell can show you this and give you national figures

As I said a minute ago, I am sure the national figures show exactly the same thing These figures and facts about what is going on in relation to services are one-half of the nutshell

The other half, the one that disturbs me so deeply is that because we do not have and we cannot find these public-health nurses and doctors and engineers and technicians of all kinds, we simply are not able to do all we know how to do already to keep our people well, to help them when they are ill and disabled

I am quite sure if you listen carefully you will hear the same story from the health departments and towns in your States

I think it is rather interesting that, in part, the problem that you are facing today, that we are all facing today, has been created by the very wisdom and foresight of the Congress By establishing our great National Institutes of Health and our vast program of support for extramural research in biological and medical sciences—and do not think I am not for it, because it has meant new victories over disease—Congress itself has provided impetus for acquiring vast new knowledge in how to do this But the challenge to the health departments over the country is to devise the public-health methods which will put into practice this knowledge for the benefit of all of our citizens This is why it is your responsibility to see to it in some ways that we get the people that we need

Our medical schools and research institutions have carried forward the training and research needed The schools of public health have a special something that I think we have to realize is important I searched around a little bit for an analogy I have not got one It is a little bit like comparing the invention of a car and then not having anybody to drive it after you get it I do not like that very well. Maybe you can think of a better one

What I would like to talk about are some of the things in public health we are doing and illustrate more precisely how the public-health link in this chain operates to make the research available to the people

I probably am one of the biggest consumers of public-health people trained by the schools in the country Just remember that I am responsible for the health of 1,850,000 children under 14, my husband always laughs when I come home and he asks me "How are the 2 million kids we are responsible for getting along?", 700,000 between 14 and 21, 165,000 new babies born each year, their mothers, 700,000 persons over 65, 4,000 between 21 and 65, in short, about 8 million people

I give you these figures for a very specific reason That is, there is something that public health knows to do to put into practice for every one of these age groups that we are not doing today because of the shortages of personnel that we have

To look at the health problems in this total way and to meet them is our particular job

Let me just give you a couple of examples

As soon as the years of research bore fruit in the Salk vaccine, it became the health department's job not only to assure that the vaccine was around but, to make sure that children and young adults got it To do this required organization of the services of doctors, nurses,

in private practice, in the schools, and clinics and hospitals. It also required people to help motivate particularly our low economic group in some way or another that were not entirely sold on this, to go ahead and get themselves protected.

Three years ago we had 844 cases of polio in New York City and 50 deaths. Last year we had 54 cases and 2 deaths. It would not have been possible to do this as quickly and as effectively as we did it without the machinery, the experience, the techniques of a public-health department. This was acquired, remember, over many years of searching the people of New York City and having the trained people there.

What I am trying to say is that I think public-health machinery is something more than the sum of research results. It is that separate and additional know-how. It is to pass this know-how on that we need the schools of public health.

You will find some other examples of radiation, air pollution, heart disease, et cetera, in the testimony that I have left with you.

I am sure that what I have been describing to you has an economic value.

We have recently looked up the actual dollar figures of what we are saving in public funds—I am not talking about what families are saving out of their own pocketbooks in which you are as interested as I am—as a result of some of these large measures that finally get put into practice for the total community. We are cutting the operating costs in public hospitals to the tune of something or other like a million and a half dollars as a result of this 2 years' work in polio.

As a result of using the improved case findings methods that we do on a mass basis for tuberculosis and using new drugs in the treatment of these people, getting them early enough, using them in the hospitals earlier, we are saving something like \$2½ million each year.

These are permanent cuts in operating costs.

As I say, I do not know how much money it puts back into family pocketbooks.

What I have actually been describing is a kind of big bucket of unmet means in public health. The measure that you are talking about today is really only a drop in that bucket. But it is a very important drop. It would be quite foolish of me to come down and say, "If you did this, all needs would be taken care of." You know that is not true as well as I do, and I do not want you to think I am overstating the case at all. But strengthening the schools of public health would help and it seems to me a reasonable and a proper step and it seems to me also a logical next step in the progress for the goal of better health for all people which this Congress and your committee in particular tries to get at every year.

I, therefore, in conclusion, urge very prompt action of your committee on this. I think we all ought to remember that an ounce of prevention is worth a pound of cure. The business of public health is essentially prevention. Such activities are sound economy and they add to human welfare and happiness, and the business of Government, as I see it, is adding to human happiness and welfare.

Somebody pointed out that our Federal Government is the only one that has in its basic language something about "it is our business to pursue happiness." This is one of the ways I think we should do it. As a matter of fact, I ask why we wait. I shall be very interested to

know what kind of an answer I can give to New York City people who are going to come to me about this as to why you waited if you did wait I think you have to have an awfully good answer to give the people of New York City

Thank you very much

Mr WILLIAMS Thank you very much, Dr Baumgartner

I will recognize our distinguished colleague from New York, Mr O'Brien

Mr O'BRIEN Doctor I do have one question I want to say quite frankly that I am for this bill I think it is excellent and if I was not for it when I came in, I am certainly for it as a result of the identity and the persuasive arguments of distinguished people like yourself I am also a practical person I know very well that if this committee reports out the bill, it goes to the House floor, they are going to raise the question of why not wait for the evaluation study? Perhaps you cannot answer this question, but do you not believe that some of the people who are here today arguing for this immediate legislation will be consulted by the evaluation committee that will make this study?

Dr BAUMGARTNER I would think they would be

Mr O'BRIEN Would it be your opinion that when that committee makes its recommendation that in this specific field what is contained in this bill probably will be their minimum recommendation? If there is any conflict between this bill and their eventual recommendation, it probably would be with regard to the size of the appropriation and the eventual formula to be used

Dr BAUMGARTNER That would be my personal opinion, sir I would also think that it seems a little silly to me to argue about something that is not going to cost any more money I am used to arguing about things that cost more money

Mr WILLIAMS Are there any further questions?

Mr RHODES I just want to commend Dr Baumgartner for a very interesting and informative statement

Dr BAUMGARTNER You have to be at the grassroots to really know how this hurts

Mr WILLIAMS I think all of us join Mr Rhodes in that

Mr NEAL You understand pretty thoroughly the problems of health and health education

Dr BAUMGARTNER I have been 55 years at it

Mr NEAL I have been at it longer I think I know something about it, too

I notice here you mentioned that if you have a good automobile you have to have a good driver

Dr BAUMGARTNER I do not know that that is exactly good

Mr NEAL Maybe it is good enough

In your own New York City, the problem you have of organizing a program for the general improvement of people, you have a difficult job Do you not think the public, generally speaking, has too few people who are willing to dedicate themselves to this type of work to get down at the lower level where all these things can be put in practice

It is a good bit like the shortage of trained nurses we have had In the past 3 or 4 years we have been interested in a program of trying to educate practical nurses

In my own town we are preparing, through the trade school, the practical nursing program and 8 months of practical experience in hospitals

I am told that has been quite successful in getting a very large increase in the number of social workers and nurses

I think, from your statement, you recognize the fact that you have too few people who understand this health situation

Dr BAUMGARTNER You have too few in both places

Mr NEAL And are willing to get down to the level of applying the knowledge that they have

Do you think, then, under this circumstance, if this bill were passed and the various health institutions were given additional funds with which to train people, that the training of superior people would be more important than the training of nurses and people on the lower level?

Dr BAUMGARTNER Let me put it this way I think we need both

You brought up nurses Let me tell you what having brought in on a consulting basis one very highly trained public nurse meant in our department It meant that we completely revamped our staff picture so that we could use the very highly skilled nurse for one kind of a job, one a little less well trained for this kind of job We have something we call a public-health assistant It is like a nurse's aide A person has to have nothing more than a high-school education We give them some training We have several hundred to help the nurses out That kind of thing does not happen and cannot go on unless you have the brains and training and supervision at the top So, in order to get this going on down here you have to have this superior skill up above

Mr NEAL In other words, if we provide sufficient funds to give to the various communities well-informed leaders, then you can train enough people The training you give in your own organization is a very valuable thing We cannot train them all for high-salaried jobs

Dr BAUMGARTNER No

Mr NEAL I recognize it is important to get a sufficient number of well-trained people at the top to do the proper organizing and to engage the right type of people to implement the program

Dr BAUMGARTNER I think this is more important now than ever before

If you remember our increasing birthrates you will realize that we are going to have more people than we have had before in the next 2 decades

If you recognize as well that those people now are demanding and want more services than they have ever had before, and if you recognize that research is producing more knowledge to put into practice, this is going to be a terrific pressure

Mr NEAL I realize it

I thank you very much for your contribution

Mr DINGELL Doctor, I have a couple of questions to ask here dealing with pages 6 and 7 of your written statement

You talk about new knowledge and this new knowledge properly used would abolish some of the great medical problems

You referred to polio, with which I am sure we are all familiar You then went along and referred to rheumatic heart disease, how

with certain applications of existing medicine and known treatments you could stamp it out

That is one of the big killers of young people, and also people, who contracted the disease in their youth, in their later age

I note you mention the problem of cervical cancer in middle-aged women, on page 8 of your statement I presume those are just illustrations but there are many other diseases that you could with proper application of presently known and future knowledge and techniques be able to still stamp out further

Dr BAUMGARTNER That is right

Mr NEAL Would you care to mention some other existing knowledge you have which could be applied to stamping out diseases if you had the people to do the job?

Dr BAUMGARTNER We certainly can do more with tuberculosis than we are doing

We certainly can do more with diabetes in which early case finding can lead to control of the diabetes I do not think we can say we can prevent all of these diseases as we perhaps have prevented typhoid fever, but we can certainly take the disability—take glaucoma, an important cause of blindness in older people, we certainly know that earlier diagnosis here and there are mass methods that we think could be detected, so we would not have as much blindness in older people

Mr DINGELL I was particularly interested to note in my city of Detroit we have had some outbreaks of some rather old killers that we had thought had been done away with

I refer to typhoid and to several other diseases You are having outbreaks now, because, as I understand it, in the city of Detroit we did not have enough people to watch out for these things

Are you having similar experiences in New York?

Dr BAUMGARTNER About Detroit, I think you have someone from Michigan here who can answer this very specifically

We have had some increasing difficulty in terms of the fact that the very few cases of diphtheria that we do have occur in people who have not been protected

The other thing that I find very interesting as a pediatrician is that we take it for granted that you do not have to educate each generation of mothers that their children need protection, particularly with our low economic migration of people, who perhaps have not had the benefit of health education services, we do find this is a problem We probably had no cases of typhoid fever except for the fact they caught it some place else

Mr DINGELL Thank you very much, Mr Chairman

Mr WILLIAMS Are there any further questions?

Mr Heselton?

Mr HESELTON Doctor, let me say, first, I am sorry I did not hear you full statement I have read it rather hurriedly and will read it carefully I am faced with the problem of having to be in 2 places at 1 time this morning I do not ask this question to embarrass New York at all, because New York and Massachusetts are in a similar situation in that they have two private universities, Harvard and Columbia This is true of Connecticut and Yale I have been wondering whether there is a difference of degree of support between the public and private institutions for these schools I understand there are some 5 or 6 private and the rest are public

Secondly, and this has to do with the conference that the Massachusetts delegation will have with the Massachusetts Governor this afternoon, where I assume he will ask us what the Federal Government can do, what has New York State and New York City been able to do in trying to meet this problem

Dr BAUMGARTNER You mean helping the schools?

Mr HESELTON Yes

Dr BAUMGARTNER Let me say in the first place, on your first question, I have seen a chart that shows exactly where the funds come from and the sources for public and private schools.

I would much rather have you look at that

Mr HESELTON Can you supply that?

Dr BAUMGARTNER I cannot I think Dr Anderson can It will be supplied

I think since Dr Hilleboe is here from the State, he ought to answer the question about Federal support, because we essentially get no direct Federal funds We get 50 cents on the dollar

Mr HESELTON You misunderstood me I wanted to know what, if any, support is given to the private institutions by the State of New York or by the city of New York

Dr BAUMGARTNER The city of New York gives no direct support to Columbia University School of Public Health

Am I right, Dr Hilleboe, that only via tuitions you give support from the State?

Dr HILLEBOE As a matter of fact, we do have some contracts with Columbia and Harvaid in which we provide State funds for postgraduate work training of physicians throughout the State I would be very glad to give you details on that

Mr HESELTON May we have that supplied for the record?

Dr HILLEBOE Yes, sir

(The information referred to, when received, will be placed in the committee files)

Mr WILLIAMS Are there any further questions?

If not, thank you very much, Dr Baumgartner

(The prepared statement follows)

TESTIMONY PRESENTED ON H R 6771 BY LEONA BAUMGARTNER, M D, M P H.,
PHD, COMMISSIONER OF HEALTH, NEW YORK CITY

I am Leona Baumgartner, commissioner of health of New York City My experience has been in two fields pediatrics and public health, in both of which I have practiced and taught I have served New York City through its health department as director of training, director of the bureau of child health and now as the commissioner of health For a while I was Associate Chief of the United States Children's Bureau I have also worked on international health problems I now have the honor of being president-elect of the American Public Health Association

I am delighted to have this opportunity to testify in behalf of the schools of public health Many people think that because of the size of our city, New York has all the money and all the facilities we need to tackle almost any job This just is not so We have the same problems in New York City that public health people have in Pennsylvania, Mississippi, Michigan, and all the other States that you gentlemen represent here in Congress Many public health people visit our health department each year and I am frequently called to other States for public health meetings I hear the same story everywhere We all need additional trained public health workers and to get them we need to train more workers in this highly specialized field in the only place where they can get the training—the schools of public health

Other speakers have and will lay before you the facts about the critical situation of the country's 11 schools of public health. I hope they have convinced you, as they convinced me earlier, that the need of the schools for assistance is real and pressing, and that H. R. 6771 is the most sensible and desirable measure that can be devised to remedy the situation faced by them. I hope I will not go over ground that my colleagues have already covered.

In our consideration of this measure, you will want to try to find out precisely how and to what extent this problem of the public health schools affects the provision of health services to the men, women, and children you represent.

As commissioner of health of the city of New York that is what I am concerned about and that is what I want to talk about. I want to tell you why, if the schools of public health are in trouble, the citizens of New York City are in trouble, as are citizens of every other city in the land. I want to tell you why I am so anxious that necessary steps be taken wisely and at once to get the schools out of trouble. And I think I can tell you this almost in a nutshell.

1. New York City now needs—and is beating the bushes to find—247 public health-trained doctors, dentists, nurses, engineers, and other professional persons, to fill budgeted vacancies. This is roughly 10 percent of our professional staff—and we cannot find these people. The situation has changed little over the last 5 years.

2. In addition, there are at least 16 professional positions unbudgeted, because of known personnel shortages, and these include such strategic categories as radiological physicists, chemists, engineers, sociologists, and a top-level public-health statistician.

3. Further, there are among the Department's present professional staff, 111 persons at a conservative estimate, who have had basic professional training, but who ought still to receive additional advanced education leading to a master of public health degree.¹

4. Finally, there is throughout the Department a need for continuing public health education to keep abreast of new knowledge. This need for continuing education is something which the schools of public health are just beginning to cope with. We will have to look increasingly to the schools of public health for help in bringing up-to-date the education of our staff as medical research provides us with an ever-increasing arsenal of weapons in the fight against disease and disability.

I am especially concerned about the current financial status of Columbia University's School of Public Health and Administrative Medicine—the fine school which is located in my own city. Insufficient funds have made it impossible for the school to increase its faculty and its space to accommodate all of the qualified persons who have applied for admission. We look to Columbia for much of our trained personnel and for continuation education. Unless there is adequate and permanent financing to permit taking of more students, we will be hard put to secure our quota of public health trained personnel.

I have been talking only about those jobs which the city has decided it can afford to support. If our budget were to permit us to tackle some of the addi-

¹ Our New York City Health Department now employs about 5,500 people, about one half of whom are people with at least basic professional training of many different sorts. To give you some concrete figures about our staff needs, we analyzed the training of five kinds of professional workers on our staff—doctors, dentists, nurses, sanitarians, and health educators. These are only examples of the kind of professional workers we have on our staff; there are many other kinds. For these 5 key positions we have a total of 1,572 workers. 176 of these public health workers should have a master of public health degree from 1 of the 11 schools of public health, to do the kind of consistently good work that is needed. At present only 65 of these 176 are so trained, leaving almost two-thirds inadequately trained. A more detailed analysis of these training figures is given in the table below.

	Total number of employees by selected key categories (examples only)	Number of these employees with MPH degrees	Number of these employees needing MPH type of training
Physicians	102	43	19
Dentists	37	5	18
Nurses	987	1	31
Sanitarians	414	0	21
Health educators	38	16	22
Total	1,578	65	111

tional jobs that are crying to be done, our trained manpower shortages would be even more frustrating

Let me add one more item. Our sister departments of hospitals, the community mental health board, and the voluntary health agencies similarly have need for some public-health-trained workers. I do not know what this total is.

These figures are one-half of the nutshell. The other half of the nutshell, gentlemen, is this.

Because we do not have and cannot find these public-health nurses, doctors, engineers and technicians, we are simply not able to do all we know how to do to keep our people well, or to help them when they are ill, or disabled. I am confident that you have heard the same story from the people in the health departments in the States you represent.

There are 11 public-health schools in the country. To them we must look for much of the trained manpower we need and lack. Some fellowship money has gone into this, and has helped. Research grants have helped. But still the schools are pressed to the wall, and can be helped only by the action that is contemplated in the measure we are considering today—H.R. 6771.

In part the problem we face has been created by the very wisdom and foresight of the Congress. By establishing our great National Institutes of Health, and the vast program of support for extramural research in biologic and medical sciences—Congress itself has provided the impetus for acquiring vast new knowledge. The challenge to the health departments the country over is to devise the public-health methods which will put this knowledge into practice for the benefit of our citizens.

Our medical schools and research institutions have carried forward medical training and research at the frontiers of knowledge. The schools of public health have met the need for another kind of specialization, the methods and trained personnel to make this new knowledge operational.

Having the results of these magnificent research programs, but being unable to make them available to the people, can be compared with inventing a car and not knowing how to drive it. But I would like to talk about some of the things that public health is doing, to try to illustrate more precisely how the public-health link in the chain operates to make the results of research available to the people, and why we need public-health trained people to do the job.

I am probably the biggest individual consumer of the product put out by the schools of public health. As health commissioner of New York City I am responsible for the health of 1,850,000 children under 14, of 700,000 youths between 14 and 21, of 165,000 new babies born each year, and their mothers, of 700,000 persons over 65, and of 4,800,000 between 21 and 65, in short, of 8 million people. I mention the babies, the youths, the new mothers, the inductees, the aged because for each of these groups we now know many things to do to prevent, control, treat, and manage the illnesses to which they are subject. To look at health problems in this total way, to meet them, is the peculiar task of public health.

To identify, understand, and cope with the needs of each of these groups, we are dependent upon that specially trained corps of professional people who can serve, not in the office of a single physician, not only in a hospital or a clinic, not only in a laboratory, but indeed for a whole city population. The schools of public health developed in response to this very need, incorporating into a particular discipline the know-how we evolved through a historical process on the public health job.

Let me give you some examples.

POLIO

As soon as the years of viral research bore fruit in the Salk polio vaccine, it became the health department's job not only to assure that the vaccine was available, but to make sure the children and young adults got it. To do this required organization of the services of doctors and nurses in private practice, and in the schools and in clinics. It also required health educators to motivate parents to have their children and themselves protected. Only 3 years ago we had 844 cases of polio in New York City with 50 deaths. Last year we had 54 cases with 2 deaths. This year we feel sure we will have even fewer cases, perhaps no deaths. It would not have been possible to do this as fast and as effectively as we did it without the machinery and the experience of the public health department. This was acquired over many years of serving the people of the city of New York.

My point, gentlemen, is that public health machinery is something more than the sum of research results, and doctors and nurses to apply these results to

persons. Public health is these plus a separate and additional know-how. To pass this "something more" on to new people is the task of the schools of public health.

RADIATION, AIR-POLLUTION, ACCIDENTS

An important contribution these schools must make is in the development of teachers and methods for on-the-job training. Let me illustrate. New York City has just amended its sanitary code to provide for the monitoring of its 32,000 X-ray machines for radiation hazards. Other steps are contemplated to deal with new hazards from other sources of radiation, air-pollution, and accidents. We have a corps of some 400 professional sanitarians in our department. It will not be necessary to send all these 400 men back to school. But it will be necessary to provide them with on-the-job training for new tasks. And we will look to our schools of public health for help in working out good control methods as well as practical ways of training our people for these new duties.

RHEUMATIC HEART DISEASE

Heart disease is very much in the forefront of public health. These days, with our present knowledge, much of it is not preventable, but rheumatic heart disease is. If we could use all the knowledge that is available to us, we could prevent practically all rheumatic heart disease. If every child with a streptococcal sore throat got 10 days of penicillin treatment at the time of that sore throat, we could practically wipe out future cases of rheumatic heart disease. To do this we need to diagnose every case of strep throat, and see that the child gets the proper treatment early. We need more health education, professional and lay. We need to develop the methods and the mechanics whereby all children needing penicillin will get it. To lick rheumatic fever is no longer so much a job for clinical medicine as a problem in public health.

Need I repeat—we need more trained people.

HIGH BLOOD PRESSURE

We want to know more about whether the pressures of daily living are causing a higher incidence of high blood pressure in our population, and how this relates to the causes of coronary disease. The opportunity to get the needed statistical material is at hand in the network of hospitals and clinics in New York where thousands of blood pressures are routinely measured. We need statisticians with a public-health orientation to make use of this gold mine of statistical data.

Cervical cancer. Cervical cancer is one of the leading causes of death among middle-aged women. It is also one of the forms of cancer most amenable to control if caught in time. And it is a form of cancer for which we have for a long time had an accurate, but expensive, means of detection. I am sure you are all familiar with the Pap smear. We have known for some time that the Pap smear is an almost sure-fire way to detect cervical cancer. But Pap smear testing is expensive, time-consuming, and people have to be taught that it is desirable, safe, and easy.

Now, dramatically, we are on the threshold of a breakthrough in the application of this test on a mass basis. It is like a Jules Verne thriller.

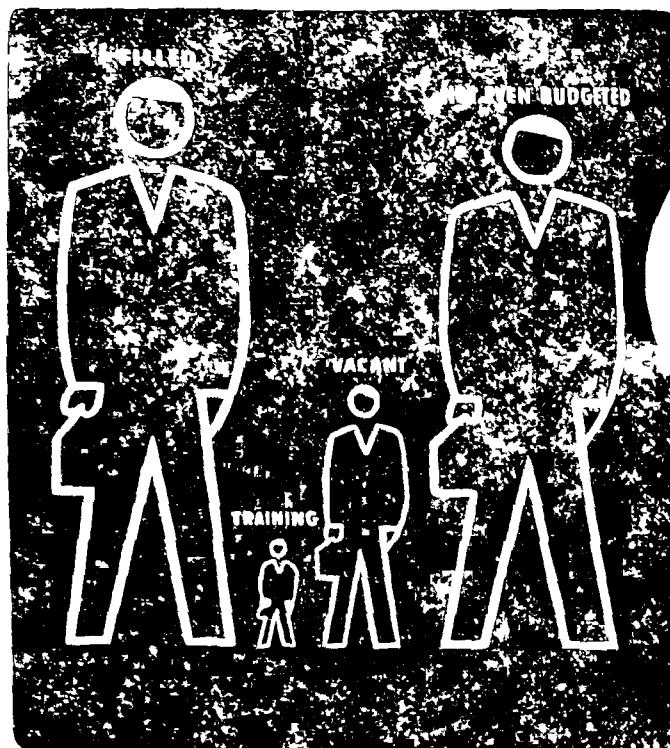
In the search for a cheaper way to make Pap testing widely available, one of our laboratory technicians got an idea for a simple device that would enable women to make their own smears, put the smear slide in an envelope, bring it or even mail it to the laboratory. Meanwhile another public health worker developed a new microscope which will permit the screening of 125 slides a day instead of the usual 30.

Together, these two techniques will eventually remove the limits that prevented us from doing what, for a long time, could be done—cut the death rate from cervical cancer.

Now there still is a big challenge ahead, one we cannot meet without trained public health workers. For to succeed, we must now be able to teach millions of women how to take these self-obtained smears, to educate them to want to.

Here again, we will pinch and scrape among our existing staff to find the trained hands and the time to float this program when it is ready. But the need for trained people will be a crucial factor in its success.

PRESENT NEED PUBLIC HEALTH PHYSICIANS FOR COMPLETE U.S. COVERAGE



Additional Needs

FOR ARMED FORCES
FOR INTERNATIONAL HEALTH WORK

Now, I have been describing a very large bucket of unmet needs in public health. The measure to provide assistance to schools of public health that you are considering this morning, will be only a drop in that bucket, albeit a very important drop. It would be foolish to pretend that all that stands between us and a cure for cancer, heart disease, radiation hazards, etc., or any other of our besetting health problems, is a change in enabling legislation that would permit the United States Public Health Service to divert a million dollars a year to schools of public health. I certainly don't want to overstate the case.

But strengthening our schools of public health would help. It is a feasible, reasonable, and proper step that seems to me to be a logical next step in progress toward the goal of better health for all the people which this Congress has, in session after session, underwritten as a first priority of public policy.

Thank you gentlemen for permitting me to express the position of the people of New York City, and for listening to me so patiently.

Mr WILLIAMS We have scheduled this morning three more witnesses. Dr Hilleboe, Dr Anderson, Mr Merwin K Hart. In addition to that, I am informed that Dr Mattison, the executive secretary of the American Public Health Association, is here today and will not be able to be here tomorrow.

Is Dr Mattison here?

Dr MATTISON Yes, sir.

Mr WILLIAMS Time is creeping up on us. I am wondering if it would be possible for all of you gentlemen to condense your testimony as much as you can for the committee in order that we can reach all of you before we are forced to adjourn. If you have prepared statements, as I mentioned a moment ago, it might be well in the interest of time to permit these statements to be included in the record and then explain your statement to the committee extemporaneously.

Dr Hilleboe, I believe you are next.

Also, I would like to acknowledge the presence in the room of Dr Gedding of the University of Michigan, who is here not to testify but simply to indicate his interest in the legislation.

STATEMENT OF HERMAN E. HILLEBOE, M. D., COMMISSIONER, NEW YORK STATE DEPARTMENT OF HEALTH, AND PRESIDENT, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS

Dr HILLEBOE I am Dr Hilleboe, commissioner of health of New York City. I formerly served with the Public Health Service from 1942 to 1947. I know a little bit about the operation of the Federal Government. Prior to that, I served in the State of Minnesota in the department of social welfare from 1933 to 1942.

I have brought a statement along, Mr Chairman, which will cover the major points, and I will try to condense my talk to within 10 minutes if that is all right, and I will cut it shorter if you want me to.

First of all I would like to present some specific information on the needs of the local health department and State department.

Dr Baumgartner has spoken for New York City.

As many of you may not know, we really have two State health departments in New York. We have New York City and up-State New York. Fortunately, the heads of these two departments work very closely together, and I must say it is a pleasant relationship and we work as if we were actually in the same office.

I will speak largely of the State as a whole.

On the second page of my prepared testimony, I think there are three figures of particular interest. These are specific figures relating

to a health department. These are the problems we face in the local community, the local community in this instance, New York City, being over 6 million people.

In the upstate area, 16 million people. Upstate, 8 million. And in New York City 8 million. You can see that we have budgeted positions 121 with 29 vacancies so that a quarter of our positions are vacant.

I think you appreciate as an administrator I am concerned with not what we need theoretically or ideally, I am concerned with the budgeted positions for which money is available. I think we should relate vacancies to those positions rather than ideally what we would like to have in the future.

With our nurses we are a little better off. We have been carrying on an intensive training program of our own, and here we have 13 percent vacancies.

When we come to the engineers, we are in a very difficult situation. 148 positions and slightly under 100 are filled, so we actually have 38 percent vacancies. This is in face of the fact we are concerned with water, milk, foods, not only sanitation but protection. We have been given new responsibilities in the field of air pollution and water pollution and radiological health.

There are problems in occupational health that are exceedingly important and yet we simply do not have the people to do the job that needs to be done.

On page 3 I have listed in the table the change in the picture from 1948 to 1958. It is true that the number of positions in our various health departments throughout upstate New York have decreased from 106 to 65.

Gentlemen, this is simply a matter of realistic budgeting. We do not, year after year, continue to ask for positions when we cannot fill them. We realistically look with the Budget Division to see what we should have and attempt to fill it. In spite of this reduction on a positive basis from 106 down to 65, we are still having 20 percent vacancies in our medical positions in the State health department which must give guidance and leadership in this program.

Mr WILLIAMS May I interrupt you at that point, Doctor?

Dr HILLEBOE Yes

Mr WILLIAMS To what extent can low salaries or inadequate compensation be said to contribute to the shortage?

Dr HILLEBOE In New York City, I think it has a small part to play. We have good salaries. My 2 deputies are at the \$18,000-a-year level. We start at \$6,000 a year.

Mr WILLIAMS That is really no problem, at least in your State?

Dr HILLEBOE I think it is not. It is a problem of holding on to some of our people but not in getting them. The competition from the Veterans' Administration, from private industry, from the great universities is something that I am sure you appreciate. Our problem is not primarily financial.

Mr NEAL What percentage of your public-health men leave Public Health Service for private practice or otherwise?

Dr HILLEBOE Not too many leave Public Health Service for private industry and jobs with foundations. I can give you some figures in a minute.

On page 4, again to conserve time, I have listed a table showing the number of positions for full-time local health officers in the United States in the period 1951 to 1956. This is to give you a little flavor of the national picture.

In 1951 it goes to 1,293. In 1956 up to 1,446, an increase because of the number of full-time positions.

Here again, gentlemen, we must be realistic about the number of budgeted positions, not what we would like to have. This is what there is money for. Yet, you will see that consistently we are up around 25 to 30 percent vacancies. It is exceedingly difficult to do a job when you have to run with 1 person missing out of every 3. I think this is a critical point and one that I wanted to make in particular.

On page 5, I know you appreciate the need for general health officers, nurses, sanitarians, biostatisticians, and other scientific personnel and I am sure you will hear about this from other members of the group appearing before you.

As an epidemiologist, one interested in the natural history of disease and determining ways by which we can find more about disease, I would like to speak specifically about some of the special kinds of public health services that need to be performed in addition to the general health services of which you heard.

Dr Baumgartner told you of some of the things in New York City and these are absolutely essential as supporting services. The first illustration is in coronary heart disease. This is one of the principal causes of death in our country. We do not know the cause of this disease, and yet, from past experience, we know that epidemiologists can work out sometimes the relationships between various factors such as food and stress and exercise, emotion, factors that perhaps can be controlled partially, the relationship between these things and the disease itself.

So, one of our important needs in the field of public health in the future is for epidemiologists and biostatisticians who will enable us to make studies in communities among people as to the way in which the disease is developing in communities.

Even though we do not learn the cause of a disease, we can learn things about control and help us to at least reduce somewhat the morbidity and hopefully the mortality from the disease.

On the next pages I have given 3 or 4 examples of study among State employees where we are watching 2,000 of these people from 40 to 55 ages to see how many develop coronary heart disease.

We are getting about 20 new cases a year. The first year we went through in 1953 we found 70 cases of coronary disease and three-fourths of these were not known about. They were people who were working every day and waiting to be clipped off because of hemorrhage or some factor causing sudden death.

Another study we have been working on has to do with cooperation with the Albany Hospital. This is rather interesting because we are taking all the deaths that are occurring in this hospital and we have had 750 cases, with post mortems in the last 2 years, and we are making very meticulous studies of the body, and then we wait 2 or 3 months, then we send a group of trained medical students into the home to talk to the wife, husband, or relative to find out factors such as smok-

ing, exercise, work, eating habits, to see if we can again get some clues to help us control this disease

We are making studies of the type we call vital statistics in which we attempt to see the difference between heart disease in rural areas and urban areas Farmers have a lot of heart disease It is actually a hazardous occupation from the point of view of heart disease We would like to know more about this

The other example is on page 8, and it has to do with glaucoma which is a very common eye disease of older people When we have an uncommunicable disease that assumes public-health importance, and if it is a significant cause of death, then I think we should do something about it Such a disease is glaucoma This disease occurs in about 2 percent of the population over the age of 40 If you let us go through the House and Senate I think we would find about 2 out of every 100 of your Members who had difficulty of this kind Most of them would not know about it It creeps up and yet it is the second cause of blindness next to cataract The early detection of this can be done by using trained people and yet even in our State, where we have the money, where we have the tools, where we have the willingness, we do not have the people to do the job We simply cannot do it Yet this is something that would cut down considerably the cost of caring for the blind I cannot give you the proportion at this time of the glaucomas but a fair proportion are from the studies we are making

In our State, each case costs about \$1,200 a year of public-assistance funds I do not need to tell you gentlemen, that you are supplying a considerable proportion of these funds through Federal sources Anything we can do to cut this down helps the individual who is affected and cuts down the cost of government I think we can show in dollars and cents how the expenditure of some funds for preventive services will make it possible to cut down a longtime expenditure for others

Finally, in the remaining few minutes, I would like to mention some samples I would like to point out that we are doing everything we can in the State to try to train as many people as possible Actually, over a period since 1934, we have trained 113 physicians In that period, 56 are still working in New York City, and an additional 15 are employed by health departments outside of the State

So, in answer to your question, sir, approximately 71 out of 113 are still in public health The rest have escaped to other sources, but not very many to private practice Usually, it is with jobs in foundations and private industry This is fine, but there is more to it than this, because we need to have schools of public health to train our people

Even though New York State is a wealthy State, we cannot afford to put up a school of public health We cannot spend that kind of money Furthermore, we could not do it for the people in our State

As you have been told, schools of public health cover areas from wherever students wish to come from If you look on page 12, table 4, you can see that we have been concentrating on this training proposition Out of 70 physicians, also, that we have checked up on, 58 of them have had formal training in the school of public health This is 92 percent Look at the National as a whole, and what do you see? You see 1,400, and only 632 have had training, only 44 percent They are, perhaps, at the optimum, because we have spent

a lot of State funds on this proposition. But from 44 to 82 percent is a long way to go. Only the schools of public health can help us in this particular thing.

On page 13, there is a resolution from the Association of State and Territorial Health Officers, which expresses our recommendation that there be support for schools of public health because it is necessary as a part of our health program.

On page 15, again to conserve your time, I wish you would see that in our long-range planning committee of the State and Territorial Health Officers Association, we have specifically pointed out the need for assistance for the schools of public health in giving training to health officers who are already out in the field.

This field of medicine in public health is so dynamic it changes every single day. We had to learn a lot about flu last year and polio the year before. We have got to spend some money for training of people who are practitioners, because of the changes. This is going on and should go on continuously.

So, I would say in conclusion, on page 16, Mr Chairman, that it is my feeling, speaking as a health officer and as the president of our Association of Health Officers, that the protection of the public health is a joint Federal-State and local responsibility, and those of us in the States and localities cannot do our jobs without trained personnel.

It seems to me that Federal support of schools of public health will help us materially to improve our public-health training program on a nationwide basis. I wish to emphasize particularly that these schools of public health are an integral part of the public-health structure upon which our national security in no small part depends.

I was in Russia last year and had a chance to see what is going on over there. Believe me, I wish all I needed to do was to requisition 48 health officers to get them working in New York State. If we cannot do that, we must do the next best thing and get highly skilled people to do our work.

So, I would urge that you provide the modest sums, in terms of the problem, that have been requested.

Thank you very much.

Mr WILLIAMS Thank you, Doctor.

Once again I am going to take the liberty of recognizing, first, our colleague from New York, Mr O'Brien.

Mr O'BRIEN Mr Chairman, I am very grateful for that, because I have a great admiration for the gentleman who just testified.

Mr WILLIAMS We can understand why.

Mr O'BRIEN A great many people think that the tide only flows one way between Albany and Washington. We are very fortunate in our State that the tide was reversed in the case of Dr Hilleboe, because, as he told us, he was an Assistant Surgeon General, and he has done a tremendous job in our State. I have seen it. I saw it not only as a resident of the capital city, but as a newspaperman who covered the State capital there for more years than I want to say. I think he typifies the very fine type of person in public health today. I do not want to overwhelm him with that sort of talk, but I gathered the impression, Dr Hilleboe, that you believe that the localities, cities, counties, and the States already are budgeting for more public-health physicians, nurses, and engineers than they can obtain.

Dr HILLEBOE That is correct.

Mr O'BRIEN So, the localities are more than doing their part in that field today, as far as budgeting is concerned

Dr HILLEBOE That is right

Mr O'BRIEN They are not looking to the Federal Government for a handout in that particular field. They are only asking the Federal Government, which alone can do the job, to train the people for the vacant positions

Dr HILLEBOE As a matter of fact, our budget in the State health department this year is \$65 million, and only \$3 million is Federal funds. I think you can work that percentage out pretty easily

Mr O'BRIEN I have just one final question. I note, in addition to your distinguished record in Washington, you are also president of the American Public Health Association—I mean that you are president of the health officers at the present time—and you speak, in a sense, for health officers all over the United States. Doctor, if you were a member of this committee, which will submit a report to Congress on January 1 next, evaluating this whole field, would you recommend what the Rhodes bill contains as the minimum that should be done in the specific field covered by the Rhodes bill?

Dr HILLEBOE I would, for two reasons. First of all, a million dollars is not enough to do the job that needs to be done. We have not said a thing about buildings, we have not said a thing about equipment. These things are a necessary corollary of any service or any teaching. The other thing I would say is that this is just something to get off the ground, to help us in some of the things we like to do. I have relationships with Columbia University in New York City, such that we are asking more and more to have certain projects carried out down there. We have the money. It is not a question of money. We have not got the personnel. So, we are trying to get Columbia to use graduate students.

Columbia says to me, "I have no more space or equipment. I can't use your money until we have something for the foundation of our whole operation." I am sure this would be true of every one of the 11 schools.

An investment in these schools, not only in faculty but in equipment and in space, would enable us to go to them to get things underway. Once we get some things started with graduate students, occasionally we can steal one of them, and this is what it amounts to, to do some of the things we need to do. I think \$1 million is a minimum amount. You have to recognize that it should be much more.

Mr O'BRIEN The reason I asked the question, Doctor, was that Mr Dingell made the point, if we wait for the study we are going to lose a year and a half. You think that if we act now we will actually be in compliance with the recommendations that they come up with.

Dr HILLEBOE I do not think that the recommendations of that committee are going to be much dissimilar from the studies we have made in New York City. I would not prejudge what the committee is going to do. We are 10 percent of the population and 25 percent of the wealth. That is the way we are spending in our State. We have been making studies of this problem for the last 10 years, and I am sure that we are simply going to lose time. I am going to lose some budgeted positions; I am going to lose some programs, I am going to lose some private funds if I have to wait a year and a half. It is not just a year and a half lost; it is 3 years. a year and a half lost, a year and a half to catch up.

I think this in no sense is going to interfere with any studies that are going to be made by the Federal Government because, as far as I am concerned, our own study has brought us to the conclusion that this is sound

Mr DINGELL And lives and suffering in addition

Dr HILLEBOE This is something you cannot measure

Mr O'BRIEN Mr Chairman, I am very grateful for your courtesy in permitting me to question an old friend

Mr WILLIAMS Thank you

Are there any further questions by the committee?

Mr BUSH Doctor, I believe you stated that it was not a matter of funds, that you had the funds for these projects in your State if you could get the qualified personnel to carry them out. Do you think that same plan is characteristic throughout our country?

Dr HILLEBOE No, I do not think it is. New York is one of the wealthier States. It is a big State. It is well advanced because we started our public health programs back in 1914 on a big scale. New York City is well advanced, too.

I think you will have to go from roughly 7 or 8 percent of Federal funds in our total budget in New York to something around 50 percent in some of the poorer States.

Yet, I think it is perfectly proper that New York State has to carry a bigger share because of our wealth and resources and advances. So I think we will have to go on a sliding scale from about 7 percent up to 50 percent.

I have been in most of the States when I was in the Public Health Service, and there are areas where we must ask the Federal Government to give greater help than it does in New York City.

Mr WILLIAMS Dr Neal?

Mr NEAL Doctor, I assume that you feel that this \$1 million would be instrumental in aiding the public health schools to equip themselves to prepare more people rather than emphasizing the personnel. You feel that the advantage of this \$1 million would probably be more beneficial in helping in general equipment and preparation for increasing the number of students they can accommodate?

Dr HILLEBOE I think the major share would have to be used for personnel for teaching purposes and just a minor share, if it is available, for what we call equipment and buildings.

I put the importance on the personnel. Without teachers it does not matter what else you have. I think this is an important thing.

Mr NEAL Thank you.

Mr WILLIAMS Doctor in your statement you spoke of the great need for additional trained specialists. Do you know whether or not the public health schools are operating at maximum capacity or do you know whether they could take additional students?

Dr HILLEBOE This is not my field of competence and I think you should call on one of the deans.

I think the schools are up to a pretty heavy level on the basis of the eight to whom we send students. We have difficulty in getting additional graduate students and specialists, from a consumer viewpoint, we have felt the deans—but it might be wise to ask one of the deans. I think we are pretty close to the top level of the curve.

Mr WILLIAMS In view of your experience and background, I think you are eminently qualified to answer this question.

Do you feel that the committee should, in the event it should approve this legislation, write into it some kind of legislative formula for the distribution of these funds, or do you feel that it should be left, as the Rhodes bill does, entirely within the discretion of the Surgeon General?

Dr HILLEBOE Looking back on the use of grants-in-aid over the past 10 years with which I have been associated, the situation changes from year to year, and I think it would be wise to leave the formulation of it to the Surgeon General because there is a very careful way in which this can be handled. The Surgeon General meets each year with the State health officers. He consults with us formally and by law as to what our needs are, and if he set up something that was not right and did not meet our needs, I can assure you that we would make him acquainted with it, and he would take it into consideration. I think, because of the changing pattern, there needs to be flexibility.

We would be quite satisfied from our association viewpoint to give him a free hand because we have had nothing but the finest relations with the Surgeon General in the field of grants.

Mr DINGELL This study which is supposed to be going on and which this committee is supposed to await in its action on this particular piece of legislation certainly will consult you, will it not?

Dr HILLEBOE Yes. As a matter of fact, the chairman of one of the subcommittees is my training officer and we have 2 or 3 people who are State officers on this committee. So we are completely familiar with it. I am sure that the decision made in the study will be largely from the grassroots.

Our people are the ones who are on the committee.

Mr DINGELL It would be reasonable to expect that the results of the study which this committee is making will not be inconsistent with what you are telling us this morning.

Dr HILLEBOE I think this is perfectly correct. Some of the material from the study will have to come from my State where people have been trained. As a matter of fact, on February 14, we are bringing together 40 of our doctors, nurses, engineers, biostatisticians, to have a preliminary meeting in order to give this committee that meets in July the sense of our feeling in New York State.

We are going to have line, chapter, and verse, of statistics, and experience of the 10-year training program. I would hope that we would not unduly influence the Federal Government, but we are going to see that our ideas are included.

Mr DINGELL May I ask this question, Doctor. You are in contact with the health officers of other States and large cities, are you not?

Dr HILLEBOE Yes, sir.

Mr DINGELL Do you know of any public health officer in any State or city anywhere in this country that is opposed to this bill?

Dr HILLEBOE I know of no health officer. We had a meeting in November, Mr. Dingell, at which the 48 health officers, or the representatives, and the five Territories and possessions were represented, and we unanimously approved the passage of this bill. There are absolutely no indications to the contrary.

Mr DINGELL It would be fair to infer that the findings of this study committee will not be inconsistent with the views of the health officers of the States and large cities?

Dr HILLEBOE I think that is quite true I think you have to realize, too, Mr. Dingell—you work with the Federal budget group and you work with departments—they do not like to be prejudged on things It is unfortunate that the meeting is next July. If it had been last December, this would have been a simple meeting I quite appreciate they are a bit behind the gun The fact remains that this is a controversial field I am sure our experiences in New York are going to be confirmed, and I hope the data will be similar from the other States

This is not in a sense prejudging, it is simply that your meetings are coming at the propitious time I wish they had been held at this time last year

Mr DINGELL In other words, if this committee acts, we will be able to speed this up by probably a year and a half to 3 years, you said

Dr HILLEBOE Yes, actually because when we lose a year and half, then we have to come back to the budget to get the money, and then the year after that the people Frankly, I think if you got the professional opinion of my professional colleagues in the Public Health Service and said, "We want an opinion right now, what is it?" I will give you 2 to 1 that it will be exactly what we said today

Mr DINGELL Doctor, would I be fair to say that this million dollars that we are here talking about this morning would be at least the minimum or even lower than the minimum? Would that be fair?

Dr HILLEBOE My own view is with the needs that we have ourselves with Columbia, which is our nearest school, that this is certainly a minimum amount and if anything it is below the minimum The operating costs are around \$4½ million This is something less than 25 percent and it needs be something over 50 percent I really think it is not enough

Mr DINGELL This would be on the order of a minimum recommendation or lower than the minimum recommendations of the study committee?

Dr HILLEBOE I think so I think we must be honest and tell you that if this is appropriated that there will be requests for additional amounts in the future

Mr DINGELL Because of the fact that the country is growing, the population is growing, and the technology is constantly advancing?

Dr HILLEBOE That is right

Mr DINGELL Thank you, Doctor

Thank you, Mr Chairman

Mr WILLIAMS Thank you very much, Doctor

Dr HILLEBOE Thank you, sir

(The statement follows.)

TESTIMONY PRESENTED ON H. R. 6771 BY HERMAN E. HILLEBOE, M. D., COMMISSIONER, NEW YORK STATE DEPARTMENT OF HEALTH, AND PRESIDENT, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS, JANUARY 29, 1958

I have been Commissioner of Health of New York State since June 1, 1947 From 1942 to 1947, I served in the Public Health Service, first as Chief of the Division of Tuberculosis Control and later as Assistant Surgeon General in the Bureau of State Services From 1933 to 1942, I was chief medical officer of the Minnesota State Department of Welfare. I serve on expert committees of the World Health Organization and on boards of voluntary health agencies and educational institutions I am a visiting professor of public health in the Albany

Medical School I was president of the American Public Health Association in 1955

I am appearing before you today to present the needs for qualified public-health personnel in the operating health agencies, particularly the State and local health departments. The only sources of training of qualified professional personnel in our field are the schools of public health in our country.

I shall present a numerical picture of these needs, describe some of the activities which emphasize the need for adequate training for public-health workers, and review briefly with you some of the important health activities which cannot be carried on because of lack of such qualified personnel. Naturally, much of my information will be drawn from New York State experiences. This should be considered illustrative only and is presented because of the ease with which the information can be obtained. The situation, as I shall describe it, I can assure you is applicable in the other States, varying only in minor details.

TABLE I—*Budgeted positions and vacancies for public health physicians, nurses, and engineers in New York State and local health departments (excluding New York City) exclusive of hospitals and laboratories, Jan 1, 1958*

Category	Number of budgeted positions	Number of vacancies	Percent of positions vacant
Public-health physicians	121	29	23
Public-health nurses	1,068	144	13
Public-health engineers	148	56	38

There are over 4,000 full-time, professional public health positions budgeted in the State and local health departments in New York State. In each health department there is at least 1 medical, 1 nurse, and 1 engineer position, this triad being considered the basic professional staff necessary. Table I shows the existing vacancies in these three classes of positions, varying between 13 percent and 38 percent on January 1, 1958. Each of these positions should be filled by a person possessing, not only the necessary basic professional qualifications of physician, nurse, or engineer, but also at least 1 year of postgraduate training in public health.

It is important to understand that this vacancy status is not a temporary one.

TABLE II—*Medical positions in New York State Health Department according to vacancy status by year, exclusive of hospitals and laboratories, 1948-58*

Year ¹	Number of medical positions	Number filled	Number vacant	Percent vacant
1948	106	47	59	56
1949	95	49	46	48
1950	93	50	43	43
1951	87	50	37	42
1952	86	58	38	38
1953	74	59	15	20
1954	66	56	10	15
1955	67	56	12	18
1956	66	53	13	20
1957	67	56	11	16
1958	68	52	16	20

¹ As recorded on Jan. 1 of the year

As you will note from table II, of the 106 medical positions existing in the New York State health department as of January 1, 1948, and for which the qualifications required training in public health, 59 or 56 percent were vacant. It is important in looking at this table to also note the number filled, or 47, in 1948. The number of positions vacant and the percentage of vacancies were steadily reduced for the next 5 years. It should be noted, however, that the number of positions was also reduced and the number filled increased but slightly. This reduction in number of positions was a realistic budgeting procedure, eliminating from the budget many positions which there was little prospect of filling.

This was by mutual agreement between the division of the budget and the health department with the understanding that could qualified applicants be found, the positions which were eliminated would be restored in subsequent budgets

In 1954 the medical positions allowed in the budget leveled off to a constant number, and vacancies remained at a point which was realistic as to possibility of being filled. Since that time the number of vacancies and percentage of vacancies have remained relatively constant, the new recruits balancing rather evenly with the attrition due to deaths, retirement and resignation. The real vacancy status is considerably in excess of the figures indicated in table II, due to voluntary reduction of budgeted positions by the State health department because of realistic budget planning

TABLE III—*Full-time local health officer positions and vacancies in the United States, 1951-56*

Year	Number of positions	Number of vacancies	Percent of positions vacant
1951	1,293	286	22
1952	1,333	337	25
1953	1,365	380	28
1954	1,434	454	32
1955	1,442	427	30
1956	1,446	436	30

Source Compiled by Division of Public Health Methods—Public Health Service

There has been a steadily increasing number of full-time local health officer positions in the United States. In New York State the number of county health departments has increased from 6 in 1946 to 19 in 1958. Creation of each additional health department creates the need for additional full-time, qualified public health physicians, nurses, engineers and other professional and technical personnel. As indicated in table III, establishment of additional county health departments frequently results in creation of vacancies. While full-time local health services are theoretically available, lack of personnel prevents carrying out the necessary public health services.

Other persons appearing before you today and tomorrow will undoubtedly give examples of the need for trained personnel to provide general public health services throughout the country. I would like to pay particular attention to some special kinds of public health services that need to be performed.

As an illustration of the kind of public health work which needs to be done, but cannot be done at the present time because of lack of qualified personnel, I cite the two following instances from our own experience.

First is the problem of coronary heart disease which causes nearly one-half of all deaths in the State and Nation. The epidemiologist, supported by organized public health facilities, can attack the problem of the etiology and prevention of coronary heart disease in an effective manner. Recent epidemiological studies have provided much of the basis for the well-known hypothesis that coronary heart disease is associated with a high dietary fat intake. The epidemiologist working with the sociologist and statistician is able to conduct critical population studies in heart disease and to direct his attention toward finding causative factors in coronary artery disease that seem to increase a person's susceptibility to the disease. Obviously, other medical specialists such as the cardiologist and the pathologist are also essential participants in field studies of heart disease, but the focus of such studies goes beyond hospitals and laboratories and require exploration of individuals in the community environment where suspected causal factors can be investigated.

Before enumerating plans for expansion of these studies, some brief comment is desirable about four basic epidemiological approaches already underway in New York State.

1. A prospective study of approximately 2,000 male State employees, age 40-55, is being made by way of intensive annual clinical examinations. As these individuals develop coronary heart disease, and one per hundred per year does so, our investigators are able to detect any abnormality that existed prior to their attacks which might act to predispose to the illness or serve to identify those individuals more prone to the disease. Special effort has recently been applied to finding a predisposing dietary pattern.

2 Studies are about to begin in two cities through detailed interviews of cases of heart disease diagnosed by practicing physicians, and the results compared with otherwise similar individuals in the community not known to have had coronary heart disease

3 Another study approach conducted in collaboration with pathologists is directed toward a critical post-mortem examination of the hearts of persons dying in the Albany Hospital. In this study we can determine with precision the condition of the coronary arteries and the myocardium, this is impossible to learn from clinical examinations. This additional information serves also to aid in a search for quantitative relationships between epidemiological characteristics and coronary artery atherosclerosis. The families of over 750 autopsied patients are being interviewed by the epidemiological team for information about the patients. Always we are seeking for new leads as to why some persons are hit by coronary artery disease and others living in the same environment are not.

4 Vital statistics collection over the years has, of course, provided evidence of the frequency of occurrence of heart disease. Statisticians working in our health departments and in medical centers in the State have been active on special studies that try to ferret out cause-and-effect relationship between coronary artery disease, high-blood pressure, and living conditions.

Plans for accelerating and expanding each of these approaches to the study of heart disease could be set in motion providing we had the necessary manpower, we have the other facilities, but we simply do not have the expert manpower.

The epidemiological study of the 2,000 male State employees serves as a background for some clinical research, but this could be more profitably employed for research purposes if additional epidemiologists and biostatisticians were available to explore such factors, for example, as exercise, job stress and strain and coronary artery disease. The community studies are limited because additional epidemiologists are not at present available. Studies in rural areas similar to those conducted in urban areas should be undertaken to learn about living conditions on the farm, nutritional habits of farm folks and degenerative heart diseases. This we have not been able to do so far—not enough expert personnel.

The health insurance experience of the civil-service employees population in New York State could profitably be used for study of quality and extent of medical care with epidemiological and statistical assistance. For example, a number of diseases and disabilities of middle age could be determined according to occupational history, pinpointing such factors as type of mental and physical activity and degree of responsibility. The records of the New York State civil service and retirement systems together could provide similar information about deaths due to degenerative heart diseases that would be a treasure of new medical knowledge if we only had professional personnel qualified to do the exploring.

A second example of public health need is in control of glaucoma, a common eye disease of older people. A noncommunicable disease assumes public health importance when it is widely prevalent in a community, when it is a significant cause of death or disability, and when it is susceptible to approach on a community basis. Such a disease is glaucoma. This disease occurs in about 2 percent of the population over the age of 40, it is second only to cataract as a cause of blindness, and it is a condition that can be approached on a community basis by means of early detection.

Early detection of glaucoma has long been recognized as the most important factor in preventing loss of vision from this disease because early detection and treatment greatly increases the likelihood of controlling the pressure within the eyeball that leads to blindness. Screening for glaucoma among the general population has been found a valuable way to discover hitherto unrecognized glaucoma. This is done by means of testing the pressure inside the eyeball.

To put on a glaucoma screening program requires much in the way of community organization. The eye specialist to do the testing must be recruited and indoctrinated, the program must be given wide publicity, the instruments and other testing equipment must be obtained and in place, community groups must be brought into the picture, as for example the Lions Club, the health department, the medical society, and the local representatives of the National Committee for the Prevention of Blindness. This requires considerable time and specialized effort.

The New York State Department of Health has been very much interested in promoting glaucoma screening, a plan of operations has been prepared, and funds are available. The problem in getting the program started has been almost entirely the lack of trained public-health personnel to work with local communities interested in glaucoma screening programs.

The economic implications of glaucoma are significant. On the average it costs the New York State Department of Social Welfare \$1,140 per year to provide basic maintenance for a blind person and when special equipment (e.g., seeing-eye dog) is required, the cost is even higher.

These illustrations are by no means unique. Many similar public health needs in New York State may be cited. New York State is considered better off than the majority of States because of relatively favorable salary status for public-health personnel, and greater job opportunities. Yet we cannot provide the preventive services we know how to do because we cannot get enough trained professional personnel.

The question is often asked—why must these people have specialized training in the field of public health? Why cannot any physician be a health officer? Why cannot any nurse do the public-health nursing work? What is the need for special training for the public-health engineer? Primarily the medical schools train the physician to diagnose and treat illness in the individual patient. Public health differs from private practice in two principal ways. First, the public-health physician deals with large groups of people and is concerned with health and medical affairs of the community as a whole. Second, public health places more emphasis on prevention although there is often a large component of diagnosis and treatment, but only for those diseases for which prevention is impossible or preventive barriers have failed.

Similarly, the graduate nurse is trained in the care of treatment of the sick. The public-health nurse teaches prevention of illness and improvement of health, frequently, of course, at the same time that she demonstrates care of a sick patient.

Because of this emphasis on prevention and because the public-health worker deals with illness and health in large groups of people, rather than individually, a skill and knowledge over and above that imparted in the basic professional school are needed by the public-health worker. This is the kind of training given in the schools of public health.

New York State has recognized for many years the need for additional training for its public-health workers. Qualifications requiring public-health training for physicians and nurses employed by health departments in New York State were established in 1932. Similar requirements for other groups of workers were added at a later date. The New York State Health Department has also provided fellowships for training of these groups of public-health workers, beginning with provision for training of physicians in 1934. 113 physicians have been given this training by the New York State Health Department. In each instance this has included an academic year at a school of public health. (It is of interest that 56 of these physicians are still employed in New York State and an additional 15 are employed in public health outside of New York State.) The State health department even in a large State like New York, cannot set up its own graduate school in public health. We depend completely on the schools of public health for this type of special training. They know our training needs and try to meet them.

TABLE IV.—*State health commissioners, full-time local medical health officers and medical directors of divisions of State health departments according to status of public-health training possessed, 1957*¹

Area	Physicians in appointments as listed above		
	Total number	With public health, number	Degree percent
New York State	70	58	82.9
All 48 States	1,414	632	44.7

¹ Taken from PHS publications 75 and 118.

The high percentage of physicians with degrees in public health in positions in New York State reflects the training program conducted by the New York State Health Department for the past 23 years. Some other States have been carrying out similar training programs. Many, however, are prevented from doing so for various reasons. Table IV is shown for the purpose of illustrating the existing needs for academic training in public health, as represented by certain medical positions for which such academic training is unquestionably desirable. The

academic training is recommended for all full-time public-health physicians by the committee on professional education of the American Public Health Association, which recommends desirable minimum qualifications for public-health workers. It is also a necessary requirement of the American Board of Preventive Medicine, which is the certifying board in the medical specialty of preventive medicine.

The Columbia School of Public Health is located in New York State. However, the physicians shown as possessing public-health degrees and employed in various positions in New York State represent graduates from Columbia, Harvard, Yale, Johns Hopkins, Michigan, Pittsburgh, North Carolina, and Toronto.

The Association of State and Territorial Health Officers at its annual meeting in October of 1957 recognized the financial plight of the schools of public health and passed the following resolution:

"RESOLUTION No 9 FEDERAL AID TO SCHOOLS OF PUBLIC HEALTH

"Whereas the 11 approved schools of public health in the United States and its Territories are unique in that they provide educational opportunities almost exclusively for persons going into public service either in Federal, State, or local governmental health services, and

"Whereas these schools serve all of the States and Territories by providing essential training for public-health workers which is necessary for the improvement of public-health programs and the betterment of the public health of the Nation, and

"Whereas the cost to the schools of public health for such training vastly exceeds the tuition that it is possible to collect from the students, and

"Whereas the schools of public health are encountering increasing difficulty in meeting their financial obligations, maintaining high standards of education, and in inaugurating training programs in new fields of public health such as the chronic diseases and aging and

"Whereas it is manifestly unfair to expect the States in which such schools are located to subsidize the training of students from other States, and while recognizing some opposition to the principle of Federal aid to institutions of higher education for general operating purposes. Therefore, be it

"Resolved, That, the Association of State and Territorial Health Officers endorses Federal support on a continuing basis to approved schools of public health as justifiable and necessary, and be it further

"Resolved, That, the association specifically endorses S 2580 (Hill, Kennedy, McNamara, Cooper, and Ives) (companion bill, H R 6771), a bill prepared to accomplish this purpose, which reads as follows

"A BILL To amend section 314 (c) of the Public Health Service Act so as to authorize the Surgeon General to make certain grants-in-aid for the support of public or nonprofit educational institutions which provide training and services in the fields of public health and in the administration of State and local public health programs

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the last sentence of subsection (c) of section 314 of the Public Health Service Act, as amended (42 U S C 246 (c)), is amended to read as follows: "Of the sum appropriated for each fiscal year pursuant to this subsection there shall be available (1) an amount, not to exceed \$3,000,000 to enable the Surgeon General to provide demonstration and to train personnel for State and local health work and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist States in carrying out the purposes of this subsection, and (2) an amount, not to exceed \$1,000,000 to enable the Surgeon General to make grants-in-aid, under such terms and conditions as may be prescribed by regulations, for the support of public or nonprofit educational institutions which provide comprehensive professional training, specialized consultative services, and technical assistance in the fields of public health and in the administration of State and local public health programs",

The long-range plan of the Association of State and Territorial Health Officers approved on January 4, 1958, included the following recommendations concerning schools of public health:

"We recommend to the executive committee that a plan be developed for refresher courses for health officers, both State and local, including orientation courses for part-time health officers. Some courses should be regional and others limited to a single State depending upon local needs. We recommend also that the executive committee suggests a joint meeting of representatives of the Public Health Service advisory committees on training needs and resources, the committee on professional training of the American Public Health Association, and

the schools of public health, to work out a joint training program with extension courses for health officers on the agenda for the meeting

"This group could also consider the availability of sources of funds needed for short courses for health officers and also for longer courses in schools of public health for those health officers who have been out of touch with training centers for many years. One State uses Children's Bureau funds for annual courses for persons working in special programs of MCH and CC."

Some people have raised the question, why not wait and include Federal support of schools of public health in legislation to support medical training in general? This is a fair question and deserves a fair reply. Graduate training in schools of public health is done separately from that in medical schools. It is directed primarily at preparing professional persons for the protection of the public health and not for private practice. Public health is recognized everywhere in the United States as a public responsibility. Public health responsibilities are increasing faster than professional personnel can be recruited and trained. The gap is widening dangerously between knowledge and application in general and special health services, especially air and water pollution and radiological health. It takes several years to train experts in public health. We need to get on with the job before we get hopelessly behind. For these reasons, principally, it would appear justifiable to provide Federal support for schools of public health as soon as possible.

The protection of the public health is a joint Federal, State, and local responsibility. Those of us in the States and localities cannot do our jobs without trained personnel. Federal support of schools of public health will help us materially to improve our public health training program on a nationwide basis. These schools are an integral part of the public health structure upon which our national security, in no small part, depends.

Speaking as a State health officer and as the president of the Association of State and Territorial Health Officers, I urge you to provide the modest sums requested for the support of schools of public health.

Thank you

Mr WILLIAMS Mr Merwin K Hart, representing the National Economic Council

First, before you proceed, Dr Gaylord M Anderson, dean of the Minnesota School of Public Health, is present and was scheduled to testify today but has very graciously consented, in view of the time limitation that we have, to appear in the morning.

Doctor, we will try to call you first in the morning.

We have one more, Dr Mattison, we would like to recognize before we adjourn.

Do you have a prepared statement, Doctor?

STATEMENT OF MERWIN K. HART, PRESIDENT, NATIONAL ECONOMIC COUNCIL, NEW YORK, N. Y.

Mr HART Yes, Mr Chairman, and, gentlemen, I am quite willing in the interest of saving time, to have my statement read into the record.

I would like to make an observation or two that was suggested by what I heard here this morning.

I want to say I have been tremendously interested, as I am sure all have been, in what has been said. I think Mr Rhodes' statement was a model of clearness and gave a very excellent idea of the whole thing.

I just want to ask one question. Where is the money coming from? We all agree that the demands for defense are fundamental and primary. They must be met without any question. Yet business is in a recession today if not a depression. There has been little upturn in any respect and continued downturn in other respects.

I spent a day before the House Ways and Means Committee last Monday week testifying on the question of the tax policy and representative after representative of groups of middle- and small-sized businessmen stood up there and said that many of their members, because of the 52 percent corporation tax, were unable to finance even the replacement of equipment. It is known that many of the business concerns of the country, the smaller ones, are going out of business. I think we cannot do everything that is good, much as we would like to. It is utterly impossible.

We are spending \$74 billion a year which our research department has found out is about 17 percent more than the total spendings of the next 30 highest spending countries, not including Soviet Russia. Much of the spending is going to aid some of those other countries.

We have got to be strong militarily, but we also have got to remain solvent.

One never knows how near insolvency or reduced solvency one is. That is the common experience of banks as well as of businessmen. I am sure it can be more or less like that with countries.

While we think of the great United States as the richest country in the world, nevertheless there is a limit to what even the United States can do, even for good things.

It seems to us in our organization, where we have upward of 1,600 members among business corporations and individuals in all 48 States of the Union, that now is the time for no new public expenditures. It is time, rather, for the curtailing and elimination of many items of expenditure.

We feel, as a matter of fact, from our contacts, we are hearing every day from many of them around the country, that this depression is not going to end until there is a tax reduction, whatever the expenditure of money for defense may be.

Many of our business people are tired and discouraged and they need a shot in the arm. However good this may be, and I am certain it is a most worthy thing, yet I just want to lay before you the thought that even this is something that we cannot afford. As a matter of fact, why should the Federal Government do it?

We have had the privilege of hearing the health commissioner of New York State, a very able official, and the health commissioner of New York City, likewise a very able official. To me, it is interesting that these two representatives of the greatest State and the greatest city in the country come here and ask for the appropriation of money which will be taken right out of New York, Pennsylvania, Mississippi, Louisiana, and Nevada and all the other States of the Union, brought to Washington, and there will be a brokerage charge on it for the necessary expense of administering it and then it will go back to the States themselves.

It seems to us that really can be carried too far and has been carried too far.

So, Mr. Chairman and gentlemen, I leave with you the thought that this is something that, however good, should be postponed.

Mr. WILLIAMS Does that conclude your statement?

Mr. HART Yes, sir.

Mr. WILLIAMS Thank you very much for your statement.

I may say that I quite agree with the premises on which you have based your arguments. However, I am also of the opinion that you

have misinterpreted the intent of this bill as the bill calls for no new expenditure at all but merely earmarks the use of a maximum of \$1 million of funds already authorized to be appropriated under previous legislation to the Public Health Service. However, the question of the Federal-State relationship does give me a great deal of concern.

Unfortunately, very few issues that come before Congress are either black or white and it is incumbent upon us to attempt to determine the relative shades of gray, with respect to whether it is more black or white.

In this instance, as much as I regret having to disagree with the position taken by your organization, I am inclined to feel that your organization is in error in this instance.

Mr HART Thank you, sir. May I add one statement that is prompted by your remarks just now?

Mr WILLIAMS Surely.

Mr HART I am surprised that it can be stated that it won't take any new money because if that million dollars that would be used for this is not going to be used for this, then apparently it is not going to be used for anything and it should not have been appropriated or should not be spent. I submit that for your consideration, sir.

Mr WILLIAMS Are there any questions, Mr Rhodes?

Mr RHODES Mr Hart, you say that this legislation would mean a new bureau. That is also incorrect.

Mr HART Mr Congressman, new expenditures almost always need added employees. Maybe not a formal bureau but added employees to administer it unless those employees are now working short time and could take it on, and I am sure that would not be true.

Mr RHODES Mr Hart, what position does your organization take on the big increase in Government spending for higher interest rates? A good portion of the increase in the national debt and Federal spending has been because of high interest rates.

Are you opposed to that kind of Federal spending?

Mr HART That is like what we agreed to pay the veterans, it seems to me. We cannot get away from it, we are committed to it. We have to pay what the market affords if we want fresh money and the Treasury does every once in a while.

Mr DINGELL Then are you in favor of additional expenditure of Federal funds for interest?

Mr HART Not if they can be spared. But if you cannot get the money—I have been in Europe for quite a while and am not fully informed—but in the last 6 months the Treasury went out one or more times looking for fresh money and they had to pay more for it. What are you going to do, take it away from people and do it with a club? No.

Mr RHODES We are paying a whole lot more in interest for borrowing money than we have in the past. I imagine many people associated with your organization have at least in part been responsible for that particular trend. The economic policies of our Government also contribute to that trend which makes it necessary for higher Federal spending for interest rates.

If the Government can afford to do this, do you not think they should also recognize the needs of our people in health and in education?

Mr HART I suppose, as I said, unless you are going to go out and take money away from people by force, and we are not going to do that yet, you have to pay the market rate You have to pay what willing investors are ready to let their money go for

Mr RHODES. If we do that for investors, is it not reasonable that we ought to do a little for the health of our people?

Mr HART To my mind, the two are not similar at all, because if we go on increasing our deficit, increasing our spending, and not able to get the tax money for it—and I am firmly of the opinion that we are going to have a deficit the first of July—if we do that, then we are going to add still further to the cost of money

Mr RHODES This spending here is only a very small portion of what the Federal Government spends for the increase in interest rates

Mr HART Almost every witness who testified this morning said that this is just the beginning This is the same old story Begin small and then grow and grow and grow

Mr RHODES Can you think of anything more important to the strength of this Nation than the health of our people?

Mr HART I am sure it is very important, yet, solvency is even more important than their health

Mr RHODES Is there any reason to fear insolvency in a nation that is worrying about what to do with what we have so much of And we have the knowledge, that can give our people the health and educational services they have every right to expect

Mr HART Congressman, it may be that our scientists have developed so many new facts that we cannot afford to exploit them Where is the money coming from? It is going to take money to do it

Mr RHODES Money is only a reflection of real wealth Very often we talk about saving dollars and destroy the real wealth of our Nation without which dollars would mean nothing

Mr HART I do not think that money is a reflection of real wealth It can be but I do not think it always is Sometimes it is not We have a dollar today that is worth about 49 cents in terms of 1939 money That comes from excessive spending Certainly we do not want to have any more deficits

Mr RHODES We are all against unnecessary spending, but very often we have a strong difference of opinion as to what is essential and what is not I think there is where you and I may disagree

Mr HART Of course, there are differences of opinion as to what is essential

Mr RHODES That is all Mr Chairman

Mr DINGELL Mr Chairman, may I ask 1 or 2 brief questions?

Mr WILLIAMS Surely

Mr DINGELL Mr Hart, I am amazed to read your statement Are you here testifying against the whole Federal budget or just this particular legislation?

Mr HART Just to this legislation In my statement I referred to the Federal budget This is a small part of the whole You will find that I took this authorization to be \$4 million I think a fair reading of the bill, unless one went back and dug out the original, does give the impression that there are two items there, one of \$3 million and one of \$1 million

Mr DINGELL Let me ask you this question, Mr Hart Did you take the trouble to read this bill before you came in here?

Mr HART Yes, I read it very carefully

Mr DINGELL Apparently you did not understand the bill when you came in, is that right, from a fair reading of your statement

Mr HART I understood, as I think one member of the committee did, or was not entirely clear on, that there were 2 items, 1 of \$3 million and 1 of \$1 million

Mr DINGELL You are now revising your understanding of the bill and your statement, as previously submitted, did not have much value, is my understanding correct?

Mr HART That will be as the committee thinks

Mr DINGELL I just ask the question. Apparently you are telling me that when you wrote this statement you did not know what you were talking about

Mr HART No, nothing of the kind. I have been coming down here, Congressman, for nearly 30 years, and I think it have a little familiarity

Mr DINGELL Apparently you did not understand this bill enough to know what you were talking about when you took the trouble to write the statement

Mr HART If I did not understand it with respect to the \$1 million and \$3 million items, then I think it is the fault of the printing of the bill because there is no distinction made

Mr DINGELL Mr Hart, I presume you are an intelligent man. You know these bills are drawn for use by competent lawyers, either in the Department of HEW or the legislative drafting council which drafts a good many of the bills which you happen to be interested in and happen to be pushing. Then I would be fail in inferring that you really did not know what you were talking about when you came down here to tell us about this bill. Is that not a right statement?

Mr HART No, I do not think that is right at all

Mr DINGELL Are you for or against public health?

Mr HART I am for public health

Mr DINGELL You are for public health but you want to get it without spending money?

Mr HART No, I want to get it without spending additional Federal money at this time

Mr DINGELL Would you tell me in what year or what century you expect to spend this money?

Mr HART When we can afford it

Mr DINGELL Will you tell me when that time is going to come?

Mr HART I do not know

Mr DINGELL Will it come before or—

Mr HART I still have faith in this country. I think the time will come

Mr DINGELL You say we cannot afford to spend money for the health of our people. Is that right?

Mr HART I say it seems to me that the amount authorized by this bill is something that the people of the United States cannot afford today

Mr DINGELL What is your personal income, Mr Hart? What is your oncome?

Mr HART It is slight

Mr DINGELL How slight? Apparently you can afford to meet your doctor bills, can you not?

Mr HART Yes

Mr DINGELL And there are a good many people in this country who cannot afford to meet their doctors' bills or cannot afford preventive medicine

You are testifying against those people receiving some semblance of adequate preventive care, is that right? That is what you are down here testifying for

Mr HART No This is the only time that we have ever appeared in opposition to any health item

Mr DINGELL I presume your appearance here today is consistent with your general philosophy

Mr HART I say we oppose this item at this time

Mr DINGELL But your appearance here today is consistent with your whole general philosophy, is it not?

Mr HART You can infer, yourself

Mr DINGELL I ask you "yes" or "no"? I want an answer

Mr HART To the extent that we value solvency right up equal with defense itself, yes

Mr DINGELL Let me ask you this question I presume that you agree that we have to spend money on defense, do you not?

Mr HART I said so

Mr DINGELL But if we do not have anything at home to defend, like healthy people, there is not much point spending money on this defense

Mr HART If you have insolvency, then there would not be much to defend, because our dollar will be down to nothing just as Germany's mark went down to nothing in 1923 The French franc is pretty well down now

Mr DINGELL Thank you, Mr Chairman

Mr WILLIAMS Thank you, Mr Hart

Mr BUSH Mr Hart, there is one question I want to ask you You said it was essential that we have a strong defense

Mr HART Yes

Mr BUSH And it is essential that we have a strong economy.

Mr HART Yes, sir

Mr BUSH Do you not think it is just as essential to have a strong, healthy country?

Mr HART Yes, Congressman But if we have waited until today, after all these years of the country's history, without making this particular appropriation, then I think it is a fair thing to consider if it cannot be postponed in view of the present financial situation of the country

Mr BUSH But you say you are for a strong country

Mr HART Yes

Mr BUSH You appreciate that the Public Health Service has done a great service in this country?

Mr HART I think they have

Mr BUSH It is certainly obvious that we should help them

Mr HART It is a question of our circumstances I think our circumstances today are not good

Mr BUSH You are talking about solvency We are all concerned about it

Mr HART It deserves consideration, does it not?

Mr BUSH It certainly does. There is no question about that. But if we have a lot of unhealthy people, we can become insolvent through that.

Mr HART Congressman, it is my understanding that the health of this country ranks very high among all the countries of the world and leads the world in many respects. I do not think we have neglected it.

Mr BUSH That does not necessarily say that we do not have a responsibility for improvement.

Mr WILLIAMS Dr Mattison, I would like to acknowledge the presence in the room of Dr Barr, State health officer of the State of Minnesota, who wishes to be recorded as being here in the interest of the legislation under consideration.

(The statement of Mr Hart follows)

STATEMENT BY MERWIN K HART, PRESIDENT, NATIONAL ECONOMIC COUNCIL, NEW YORK, N Y, ON H R 6771, TO AMEND THE PUBLIC HEALTH SERVICE ACT TO PROVIDE FEDERAL GRANTS TO SCHOOLS OFFERING TRAINING IN PUBLIC HEALTH AND ADMINISTRATION

The National Economic Council opposes H R 6771 for three reasons.

First, because it opens a fresh avenue for Federal spending. It means a new bureau and you gentlemen know that new bureaus never die.

The President has just submitted a budget totaling about \$74 billion for fiscal 1959. Of course, his reason for this is the need to provide adequate defense of the United States of America. With that objective no American would disagree.

But if this our country protects herself against foreign enemies and spends herself into bankruptcy, the result will be just about as evil as if she were conquered by the Communists from without. For if our solvency were destroyed, we would find ourselves under a despotism within. And that despotism would be nearly as complete as that of Soviet Russia over the United States. Indeed it is likely that the Communists themselves are promoting this ever higher rate of spending as the easiest way to take over the United States—without anyone ever firing a shot.

This bill authorizes appropriations of only \$4 million. But it would be one more addition of \$4 million to the tax load borne by the American people, and, of course, it would be only a beginning.

We have reason to think there is waste in many phases of the Federal Government. Fulton Lewis, Jr., on the air has been exposing some of the fruitless spending and waste of the organization known as Radio Free Europe. I found in Europe last fall, and especially in Germany, that nearly everybody believes that Radio Free Europe is Communist infiltrated. They can't understand why America can be so easily deceived.

Now is the time not to take on fresh spending unless it is directly connected with defense of our liberties and our independence. And can anyone honestly believe that since this proposed project has not been undertaken during all these years of vast spending, it can be of such vital importance that we must take it on now?

Second, we oppose this bill because it is an extension of Federal activities. Already Federal activities have expanded so far that in our observation no single man, and certainly not the busy President of the United States, can envision them. All these expenditures are costing the taxpayers money. They have tended to cloud the minds of Washington and of people over the whole country because of their multiplicity and complexity. There is good reason to believe that this very clouding of the picture is one of the reasons why we have allowed Soviet Russia by default to get so far ahead of us in ballistic missiles and earth satellites. We have permitted ourselves to be literally buried under an avalanche of Federal activities. In all honesty, Washington *** has erected a multitude of new offices and has sent *** swarms of officers to harass our people and eat out their substance."

Third, we are opposed to this because it is a Federal subsidy to education in disguise. Education needs no Federal subsidy, though we are quite aware that certain groups of educationists are constantly trying to get further appropriations from the Federal Government for some form or other of aid to education.

We feel strongly that education is a field in which the Federal Government, under the 10th amendment to the Constitution and in all commonsense has no part whatsoever.

So, if I may so so, Mr Chairman, this committee and all committees of Congress should be considering not a further extension of activities, but a tremendous curtailment of them

Therefore we respectfully ask this committee to refuse to report this bill. My own organization is fairly close to industry generally throughout the United States and I can assure you that many of our business and professional men are tired and discouraged at the present multitude of laws and regulations—and taxes.

STATEMENT OF BERWYN F. MATTISON, M. D., EXECUTIVE SECRETARY, AMERICAN PUBLIC HEALTH ASSOCIATION, NEW YORK, N. Y.

Dr MATTISON Mr Chairman and members of the subcommittee the hour is late and I will attempt to abbreviate my remarks

(The statement follows)

TESTIMONY ON H. R. 6771 BY BERWYN F. MATTISON, M. D., EXECUTIVE SECRETARY OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, NEW YORK, N. Y.

I am Dr Berwyn F. Mattison, executive secretary of the American Public Health Association, with headquarters in New York City. I have been practicing the specialty of public health since 1940, having chosen it immediately following my 3 years of hospital internship and residency after graduation from medical school. It has been my good fortune during that time to serve as district health officer of a rural area, as health officer of a medium sized city, as county health commissioner of one of the largest combined city-county units in the Nation, and until recently as secretary of health for the Commonwealth of Pennsylvania. During the past decade I have also worked closely with several voluntary health agencies and have served as president of the local chapters of two of them.

There can be no doubt but that the greatest need today in the field of health promotion and protection is for more qualified professional workers. The tremendous advances in our public health technology during recent years have carried us far past the day when a physician trained in clinical medicine, a sanitarian trained in the rudiments of water purification and sewage disposal, and a public health nurse could provide a community with the kind of public health services it both needs and demands. For many years the American Public Health Association has been pointing out the need for more and better staffed local health units. The greatest hurdle to the expansion of health protective services of this kind has been an inadequate supply of trained personnel. Forty years ago or even thirty years ago the means of preventing disease then at our disposal might have merited only the efforts of the triumvirate mentioned above physician, sanitarian, and nurse.

But with increased industrialization of many areas and the consequent twin hazards of stream pollution by industrial wastes and occupational health problems characteristic of the processes involved, new techniques for protecting both the industrial worker and the public have been sought and found. These techniques are not yet universally applied.

Some of the most remarkable and outstanding developments in medical science during the very recent past have provided us with additional new immunizing agents which promise to wipe out poliomyelitis now and perhaps some of our most common respiratory illnesses in the near future. These developments have been based partly on increasingly complex and highly specialized laboratory procedures, as well as meticulous field trials by competent epidemiologists and other State and local health department personnel. Yet only about a third of our population under 40 years of age has received optimum protection against polio.

The increasing use of nuclear energy and ionizing radiations in industry and in the professions, together with additional radiation exposure through weapons testing fallout and the ever-present cosmic radiation, has resulted in the beginning of community programs for present and future control of unnecessary human exposure to these radiations. Here again the technology involved in providing the optimum (currently possible) protection of our population against these hazards is a resource for health protection which must be made available to every community. So far only a few States have fully utilized this resource.

Similarly, newer knowledge just being developed on relationships between atmospheric pollution and ill health is another new body of information which, with all its complexities, must soon be translated into action which will be effective in maintaining the health of our people.

These are but a few examples of how the rapidly changing pattern of our living has been paralleled by the development of compensating knowledge and techniques which can, if they are adequately applied, prevent the anomaly of an advancing civilization killing itself off at an increasing rate. These and many other technical and professional subject areas must be taught by our graduate schools of public health to increasing numbers of public servants if we are to maintain and increase our past accomplishments in lengthening both the life span and the productivity of our citizens. These are some of the changing circumstances which the American Public Health Association has considered when it has stressed the need for more support for the training programs of professional public health personnel in schools of public health.

The American Public Health Association is now in its 86th year. It has since its inception striven to improve the standards of professional education in its field. One of its most eminent committees is the committee on professional education which has, for many years, helped to establish standards and qualifications for many of the professional disciplines represented in the broad spectrum of public health workers. In doing so it has, of course, worked not only with the graduate schools of public health but with other institutions of learning concerned with the training of public health physicians, sanitary engineers, sanitarians, public health nurses, public health dentists, nutritionists, health educators, etc.

It has also for a number of years carried out an accreditation program among the schools of public health. For many years this program was under the talented and knowledgeable leadership of Prof C E A Winslow, one of the pathfinders of public health in America. More recently it has been carried on with distinction by Dr Wilson G Smillie, another outstanding person in American public health. I mention these activities only to indicate how close the association has been for many years to the problems facing the schools of public health in their struggle to provide top scientific training to those people who will provide communities with official health officers and voluntary health agencies with their professional leaders in the field of health protection. It is against this background that the American Public Health Association strongly urges early and intensive support for the graduate schools of public health.

One other activity of the Association which has kept this need ever before us, is our experience in operating an employment service, a sort of exchange where communities needing additional professional personnel register those needs with us, and qualified men and women searching for positions also register with us. There has never been a time in the past decade when our list of vacant positions did not exceed our list of qualified applicants. For instance, 1 study in 1951 showed that 3,200 positions in State and local health departments were vacant, including 458 vacancies in positions for physicians, 1,108 in positions for public health nurses and 474 for engineers and sanitarians. Since that time increased facilities have not kept pace with increasing demand for trained personnel. Figures for total enrollment of graduate and special students in schools of public health for the 4 years during 1953-54 through 1956-57 are as follows 1,014, 1,069, 1,028, and 1,159. You will observe that there was practically no change until a slight upswing during the year just passed (see table 1).

TABLE 1.—Trend in enrollment and advanced degrees granted, schools of public health 1949-57

Year	Enrollment		Advanced degrees granted ¹	
	Graduate and special	Under-graduate	Doctoral	Masters
1949-50	713	395	24	422
1950-51	653	(2)	30	520
1951-52	909	(2)	15	573
1952-53	908	(2)	35	588
1953-54	1,014	(2)	(2)	(2)
1954-55	1,069	(2)	26	642
1955-56	1,028	438	26	570
1956-57	1,159	536	49	686

¹ Figures for 1950-53 are for universities with schools of public health and may include some students enrolled in other parts of the university, e. g., engineering.

² Not available.

³ Estimated.

The total number of students being graduated each year is widely scattered geographically amongst the 11 graduate schools now operating. As will be seen in table 2, none of them are large schools with the spread being from an annual total of graduate and special students of 49 to 159. This is supplemented in a few of the universities by a considerable undergraduate enrollment for certain disciplines.

TABLE 2—*Schools of public health enrollment, 1956-57, and degrees granted, 1956*

School	1956-57 enrollment		Degrees granted, 1956		
	Graduate and special	Under graduate	Doctoral	Masters	Bachelors
	1,159	536	28	570	118
Total . . .	1,159	536	28	570	118
California . . .	116	126	0	87	40
Columbia . . .	123	0	1	55	0
Harvard . . .	136	0	6	70	0
Johns Hopkins . . .	125	0	12	50	0
Michigan . . .	154	104	1	77	23
Minnesota . . .	155	212	1	58	49
North Carolina . . .	109	30	2	63	6
Pittsburgh . . .	79	0	2	27	0
Puerto Rico . . .	60	55	0	26	0
Tulane . . .	53	0	3	26	0
Yale . . .	49	0	0	32	0

I understand that, in these schools, on an average, tuition amounts to only 11 percent of the teaching costs so in effect, the higher the enrollment the worse off the school is financially. The average cost per student is high, amounting to \$4,200. This is obviously to be expected in view of the increased complexity and extensiveness of the newer technology which must be imparted if these public-health professionals are to give their constituents the best possible health protection. But the increased enrollment which we welcome and which we feel is long overdue has actually aggravated the financial crisis facing the schools of public health.

I should like to point out as forcefully as I can that the workers trained in these schools are going into public service whether they be employed by Federal, State or local official health agencies or whether they go into careers in voluntary health organizations.

The American Public Health Association at its annual meeting each year considers a great many matters pertaining to the health and welfare of the American people. On but a few of the most important of these matters resolutions are drafted, carefully scanned by the resolutions committee, reviewed by the appropriate association section and presented to the governing council for deliberation and action. At our meeting in Kansas City November 16, 1955, the following resolution was unanimously adopted by the association:

FEDERAL AID TO GRADUATE SCHOOLS OF PUBLIC HEALTH

"Whereas graduate education is essential for furthering progress in public health, and

"Whereas the accredited schools of public health are the principal resources of the Nation for providing education in public health to meet nationwide needs, and

"Whereas the needs of the country for properly qualified persons to serve in public-health work cannot be met with the limited resources of the accredited schools and

"Whereas the costs of maintaining our accredited schools greatly exceed revenues derived from tuition and fees and, as a consequence, the financial stability of the schools is in serious jeopardy, and

"Whereas there are great inequalities in the bearing of the financial burden for this aspect of graduate education that serves the entire Nation. Therefore be it

"Resolved That the American Public Health Association recognize this problem is one of national concern and for the solution of which there must be some Federal responsibility, and be it further

"Resolved, That the American Public Health Association recognize the necessity for Federal financial assistance in the support of accredited schools of public health, to the end that graduate education in this field can achieve financial stability and keep pace with the Nation's expanding needs for properly qualified public-health personnel, and be it further

"Resolved, That the American Public Health Association instruct its officers to give their full support to all appropriate Federal legislation designed to achieve these ends "

Again, in our most recent annual meeting, that was held in Cleveland on November 13, 1957, the following resolution was unanimously adopted

"FEDERAL AID TO GRADUATE SCHOOLS OF PUBLIC HEALTH

"Whereas the American Public Health Association has previously gone on record as favoring Federal aid to graduate schools of public health, and

"Whereas legislation now pending in the Congress would provide such aid Therefore be it

"Resolved, That the American Public Health Association reaffirm its previous action and direct its association officers to take all appropriate steps to further the enactment of this or similar legislation "

In summary, let me say that the American Public Health Association heartily endorses the Rhodes amendment (H R 6771) to section 314 (c) of the Public Health Service Act. We believe that the additional support proposed by this amendment to schools of public health would aid in training more professional workers in this field. It must be acknowledged that shortage of such trained workers is preventing the full application of modern science and technology to the end that we prevent needless suffering, disability, and death

Dr MATTISON I would like to say that I regard this as extremely important or I would not be here today. I have been in bed with a temperature of 103 in the last 3 days and I am a little bit shaky, but, outside of that, I am very happy to be here

Mr WILLIAMS We are very glad to have you, Doctor

Dr MATTISON I am appearing as executive secretary of the American Public Health Association, but most of my professional experience has been as local health officer and as State health officer, most recently of Pennsylvania, until about 2 months ago. I have also had some experience with volunteer agencies and with the National Health Council and its committee on local health departments, and I am on the Surgeon General's Advisory Committee on Training Needs, which is helping to gather the information for the conference which will be held in July, the one which was referred to before

I think that much of what I have put down in my statement has already been said. I think you have the picture of the very rapidly increasing complexity of technology in public health, a technology which enables us now to save many more lives than we ever have been able to before

I might say, without attempting to be light about a very serious subject, that, perhaps, some of the opposition to expenditure of public-health funds might be mitigated if there were some way of assuring that the lives that we save were those of the heavier tax-payers

As a local health officer, with a conscience I am afraid, because it has pained me at times, it has always been difficult for me to decide where there were areas that I knew application of special health techniques could prevent disability or death. It has been painful to decide which groups or which individuals would be deprived of those particular things. That is a painful decision to make. I suppose that, depending on the interests of the individual or the group, different decisions might be made

I think, perhaps, I will only mention two specific items in my statement, both having to do with activities of the American Public Health Association. One is the accreditation program which is carried out by our committee on professional education, and the other is an employment service. Those have both brought us in very close contact, both with the graduate schools of public health and with the need for increased flow of trained professional people into the field. I would like to give you just a few figures. They are figures which appear on that chart.

There has never been a time in the past decade when our list of vacant positions did not exceed our list of qualified applicants. For instance, 1 study in 1951 showed that 3,200 positions in the State and local health departments were vacant, including 458 vacancies in positions for physicians, 1,108 in position for public-health nurses, and 474 for engineers and sanitarians. Since that time, increased facilities have not kept pace with increasing demand for trained personnel.

Figures for total enrollment of graduate and special students in schools of public health for the 4 years during 1953-54 through 1956-57 are as follows: 1,014, 1,069, 1,028, and 1,159.

You will observe that there was practically no change until a slight upswing during the year just past. Do not let this misguide you. This is only the hypothetical extension of the increase which happened during the last year which we hope will keep up.

I point this out because, as has been brought out before, with the tuition in all of these schools representing such a small part of the cost of teaching, this increase in the student enrollment is literally increasing the financial difficulty of the schools.

I would like to digress just a moment to say that I do not think anybody has mentioned specifically today some of the kinds of positions which are particularly short. We have heard about some of the newer programs, the programs for diabetes, cancer, and glaucoma, the chronic diseases, but I would like to point out that during my years in Pennsylvania as secretary of health, there were positions which, for the whole 3 years that I was there, we could not fill. Many of them were sanitary engineer positions. One of them was for a nuclear physicist who was important in our new program of radiation control. We could not find a qualified director of our chronic disease control division. We could not find a qualified director of our addictive disease division. These are shortcomings which could be ameliorated at least by additional support of graduate schools.

I would like to point out one other thing, too, and that is that the support to the schools is part of a recruitment procedure. It has been difficult recently to get young people into the professional field of public health.

I would like to give you my personal impression that it would be much easier to do that if the schools had the support needed to get into new fields, for instance, the field of radiation control, which we have just recently recognized and have been able to do something about, is one which the young men are interested in. They will go into it if we can get the schools to give enough courses to assure them that they can prepare themselves for a proper professional career.

I think the same thing is true in some of the chronic disease control programs, atmospheric pollution control, and so on.

So I think the support in the new programs will serve a double purpose not only of training those that would have otherwise gone in but, through varying the field and giving more scope, it will actually help newer and younger people

In closing, I would like to point out the two resolutions which were passed by the American Public Health Association, the first in November, 1955, which concluded

Resolved, That the American Public Health Association recognize this problem as one of national concern for the solution of which there must be some Federal support, and be it further

Resolved, That the American Public Health Association recognize the necessity for Federal financial assistance in the support of accredited schools of public health to the end that graduate education in this field can achieve financial stability and keep pace with the Nation's expanding need for properly qualified public-health personnel

Then there was a supplementary resolution this past year reaffirming our stand

In summary, let me say that the American Public Health Association heartily endorses the Rhodes amendment and we believe the additional support proposed by the amendment for schools of public health will aid in training more professional workers in this field

It must be recognized that shortage of such trained workers is preventing the full application of modern science and technology to the end that we prevent needless suffering, disability, and death

Mr WILLIAMS Mr Rhodes?

Mr RHODES Mr Chairman, I want to commend Dr Mattison for his statement and for his interest in this legislation

I want to also say that he served with distinction as secretary of health of the State of Pennsylvania for 3 years, having resigned only recently. He has made a great contribution in our State in recognizing and also in doing something about the serious problems of health that the people of Pennsylvania are confronted with

Mr WILLIAMS Thank you

Mr BUSH I want to join my colleague, Mr Rhodes, I never had the opportunity to meet Mr Mattison but I have had correspondence with him. I commend him on his position relative to this matter. He did do a good job as secretary of our department of health from knowledge that I acquired through people who were in the field and who contacted me

It is a great credit to you

Mr WILLIAMS I am sure all of us subscribe to what has been said about you, Doctor

Mr O'BRIEN Mr Chairman, I would like to nail down, if I may, this whole question of Federal intrusion or control or whatever it might be called. I know the chairman has eased my mind to a great extent because I know how he feels on that subject. I know how some of the witnesses feel who testified here today

As I understand it from the testimony, yours and others, Doctor, many States, including New York, have budgeted for their minimum needs and have not been able to obtain the help needed

Dr MATTISON That is certainly true. It was true in Pennsylvania for the whole 3 years I was there. I know through the association that is true in practically every State of the Union

Mr O'BRIEN This is not a question of the States seeking money from the Federal Government but seeking training which can only be provided through Federal activity

Dr MATTISON That is my understanding of it, sir

Mr O'BRIEN There are 11 institutions of higher learning, as I understand it, 1 of which is the University of Puerto Rico. Just taking the 10 in this country, do those 10 schools of public health serve all 48 States?

Dr MATTISON I think probably some of the deans could answer that better, but I know from my own experience that none of them are localized. In other words, all of them do send some students all over the country

Mr O'BRIEN If we were to accept the theory that each State should handle this problem by itself, then there would be a tendency on the part at least of these State universities to train only people from Minnesota, North Carolina, Michigan, California, and so forth, and then if these States are to meet their minimum needs, we would have the requirement that they go out and establish public-health schools at tremendous costs to the taxpayer, is that correct?

Dr MATTISON That sounds like the only solution

Mr O'BRIEN Then we would not save any money if we said to the Federal Government, "Stay out of this field, we will handle it ourselves"?

Dr MATTISON It would be tremendously costly otherwise

Mr O'BRIEN Thank you very much

Mr WILLIAMS Thank you very much, Dr Mattison

The committee will stand adjourned until 10 o'clock tomorrow morning

(Whereupon, at 1 30 p m, the hearing was adjourned until 10 a m, Thursday, January 30, 1958)

SCHOOLS OF PUBLIC HEALTH

THURSDAY, JANUARY 30, 1958

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HEALTH AND SCIENCE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE,
Washington, D. C.

The committee met at 10 a m, pursuant to recess, in room 1333, New House Office Building, Hon John Bell Williams (chairman of the subcommittee) presiding

Mr WILLIAMS The committee will please be in order

This morning the Subcommittee on Health and Science continues its hearings on H R 6771, introduced by our colleague on the committee, Mr Rhodes of Pennsylvania, to provide aid to schools of public health

Our first witness this morning, in line with the promise made yesterday, will be Dr Gaylord M Anderson, the dean of the University of Minnesota School of Public Health

Permit me to say before recognizing Dr Anderson, that I will be unable to be with you this morning due to the fact that I have a very important subcommittee meeting going on in the main room which I feel will require my attendance, and therefore I am going to turn the Chair over to my colleague, Mr Rhodes, to conduct these hearings

I do want to state my absence is not due to any lack of interest in this subject I am vitally interested in this subject, as might have been indicated in some remarks I made yesterday It is simply that I feel that my presence in the other subcommittee at this time is necessary

So, Dr Anderson, you may proceed, if you like

STATEMENT OF DR GAYLORD M. ANDERSON, DEAN OF THE UNIVERSITY OF MINNESOTA SCHOOL OF PUBLIC HEALTH

Dr ANDERSON Thank you very much

I am Gaylord M Anderson, Mayo professor and director of the School of Public Health at the University of Minnesota

It has been my privilege to be in charge of this professional training program at the university for the last 20 years, aside from a period of war duty Prior to that I was deputy commissioner of public health in the State of Massachusetts and I have served as president of the American Public Health Association and as consultant to national and international agencies in their foreign programs.

So I have had opportunity to observe public health training and education in many parts of this country as well as other parts of the world

I am appearing here particularly as a representative of the publicly supported schools, though I want to emphasize that I speak also for

all of the schools of public health—the 11 schools—but we have heard some of the directors from some of the private schools yesterday and you will hear later from Dr Parran this morning. But I want to emphasize particularly some of the problems represented by the State-supported schools, of which there are four: University of Michigan, University of Minnesota, University of North Carolina, and University of California, in addition, the University of Puerto Rico, but that represents a special type of problem.

It has been brought out already that these 11 schools of public health are carrying the responsibility for training public health personnel for the entire Nation—for all 48 States, the District, and the Territories. We are carrying responsibility for training public health personnel for other countries, personnel that come to the schools in this country, very often under the auspices of the Federal Government.

In other instances they may come under the auspices of the World Health Organization. But the largest single group is that which is brought here as a part of the Federal program for foreign aid and assistance.

The schools are carrying a large number of students from outside of the States in which they come. For example, our publicly supported schools are carrying 40 percent of their students from some other State or Territory and 23 percent of the students are residents of a foreign country.

If I may come down to the State of Minnesota as a simple example, one-third of our graduate students in public health are from the State of Minnesota, 47 percent are from other States and Territories, and 20 percent are from other nations. At the present time we have at Minnesota 30 students from 18 foreign nations. That means essentially that two-thirds of the work that we are doing in the way of graduate training for public health is for persons who are not residents of Minnesota, and yet the taxpayers of Minnesota are providing money for the maintenance of this school.

If I may come down to specifics, at the present time the university, out of State funds, is putting up in the present fiscal year \$244,000 of Minnesota money, and yet two-thirds of all of our graduate students do not come from Minnesota. I can assure you, gentlemen, that it is not a comfortable situation to sit on the commencement platform, look at the program of the commencement, and to find in that particular June commencement 40 students receiving a master of public health degree, and only 1 from the State of Minnesota. I have been through that twice.

What the legislature may say as to why they are appropriating money, what the officials of the university may say why they are diverting money into an interstate activity, what my colleagues in other parts of the university may say as to why the money is going for this type of activity rather than their activities, I will leave to your imagination.

I had the experience within the last 2 years of sweating it out before a governor's commission on higher education, asking specifically those questions, the commission making a report to the legislature.

Thank heavens, I came out of it unscathed, but with some very bad experiences.

It is a logical question for the universities to ask as to why they should put up this amount of money in 4 of our States whereas the

other 44 States are not contributing toward the support of these schools

I have with me this staff report with which you are all familiar. It is very interesting, using only the figures of that staff report, to look at these 4 State schools California, 29 students from 20 other States, Michigan, 68 students from 28 States, Minnesota, 70 students from 33 other States, North Carolina, 58 students from 26 other States. Those are typical.

If I add the foreign students on here we find that something over a third of all the graduate students in all of our schools of public health were in these State-supported schools but came from outside of the State.

If the States should suddenly decide that they would not provide for this training for other States or for the foreign countries, we would, according to this report, be suddenly dumping on the private schools a load of something over 300 graduate students in addition to the large loads they are now carrying.

Or, gentlemen, if you wish to put it on a cost basis, according to this report, the average cost per graduate student in a school of public health was calculated at \$4,200. If we assume \$4,200 is the cost of training, 225 out of State students and 43 foreign students, deduct from that the tuition that was paid for these several students according to the rates shown in this report, deduct also the amount of money given in Federal grants as shown in this report to those 4 schools, and the net debt to those 4 States is \$1,023,000. It is a lot of money. That is the four State-supported schools.

Mr LOSER What period of time?

Dr ANDERSON That was for the 1 year. Those are the figures that come right out of this report of your own committee staff.

Where did these students go? Where did they go upon the completion of their education? These students go into public service. I have this chart that may be of interest to you, it is entitled "Employers of Public Health School Graduates". This applies to all the schools. The private schools are no different than the State schools on that basis. 15 percent go into the Federal service, 55 percent State and local, 22 percent voluntary health agencies. They are semipublic. They are serving the public, relieving Government of some of the burdens that would otherwise have to be carried. Only 8 percent are going into private enterprise. Ninety-two percent, then, of the graduates of these schools, are going into public service in one way or another.

In other words, the schools are training people for public service. They are different from many parts of education.

Mr LOSER Those figures do not include the one-third from the foreign countries.

Dr ANDERSON Those figures do not include the foreign countries. Those are United States students. I am glad you brought that out. Those figures are again, right from your own report, gentlemen.

Now, you may ask, Where did the money come from to run these schools? I am talking about the whole group of the schools now, all 11. According to your own report, 11 percent comes from tuition. That tuition does not always go directly into the school. It goes into the general university coffers to be redistributed. If we assume that money goes into the university, 11 percent goes for tuition, 22 per-

cent is coming from the endowment. That is very largely in the case of the private schools, although the public schools have some endowment. We have a small endowment at Minnesota on which we are drawing on both interest and principal.

Gifts and grants, 24 percent, State or university, 38 percent

Mr. NEAL The grants include Federal grants?

Dr. ANDERSON Yes. Other, 5 percent.

May I call attention to that "other, 5 percent" figure. Three percent of that is deficit. In certain private universities they are drawing on university capital, in one instance the university drawing over \$100,000 a year from capital to keep the school of public health going.

If we look at only the State schools which I have shown you on the table in the prepared testimony for you—but a table again drawn from this particular report of yours—69 percent of the support of the publicly supported schools came from general State funds. Yet barely a third of all the students are coming from that particular State.

Where do they go? We had last year, according to this study, 1,159 graduate students in our schools of public health. Twenty-five percent of those will work in the State where the training goes on, 75 percent of them are going to go to States other than where the training is going on. The same applies to our private schools. In other words, 75 percent of the work that all of the schools are doing goes to the benefit of States other than that where the school is conducted. Yet we see the distribution of our funds—these are more recent figures on this chart although they are essentially the same—of our State universities.

Of the money that goes in there, very little accrues to the benefit of the State.

Gentlemen, I know that this is only a part of the story. I am talking only about the graduate students. Our State schools are doing two things more. They are providing a very substantial amount of training for personnel employed in public health other than at the graduate level. Right at this moment in the Minnesota school we have 95 graduate nurses. We do not call them graduate nurses. They are taking basic training for staff-level positions in public-health nursing.

Where do they come from? From about 25 different States in the Union.

During the summer session we will have at any one time over the 10 weeks somewhere around 125 of these nurses to whom we are giving training to assume responsibilities of public-health positions. Again they come from all over the United States. I am not counting those in this 1,159. These are over and above that, and all four State schools are in that condition.

In addition to providing graduate training they are doing very substantial training at a lower level for persons who are out on the firing line.

In addition the schools are doing a very substantial amount of what might be called extension work.

Let me tell you of but one school, the school with which I am most familiar. A year or 2 years ago, the Public Health Service came to us and asked us would we carry on some instruction in public health

nursing in other States. Last year a member of my staff, the director of our program in public-health nursing, a person paid entirely out of Minnesota money, boarded a plane early in the morning on Friday for one-half of the year going down to Kansas City to give instruction to nurses who came in from a distance of 100 miles, getting back home around midnight. Sixty-nine nurses were coming in there eager to get some instruction. This year we are getting some help from the Public Health Service in doing that.

Where is it going now? Tuesday afternoon this member of our staff was conducting a course of instruction in Mason City, Iowa. Yesterday she was in Omaha. Today she is in Wichita. Tomorrow she is in Wichita. The demand was so great we had to put it on for 2 consecutive days. Next week we open up in Springfield, Mo. That is service to the States coming out of a State-supported school. In the same way in dealing with general public. The educational broadcasts that are being prepared in the school of public health in Minnesota, beamed particularly to the high schools of Minnesota where we have over 100,000 pupils a week on these educational broadcasts. These same broadcasts are being replayed right at the present time in the schools of Cleveland, Ohio, Louisville, Oklahoma City, Omaha, Lincoln, and others. It is a service that a State-supported school is rendering to other parts of the Nation.

I do not think it is unreasonable, then, gentlemen, that we should ask that we be given some sort of help in carrying on this program for the other 44 States and for these foreign nations who are the responsibility of the Federal rather than the individual State governments.

I heard the suggestion raised yesterday that maybe the schools might be afraid of Federal encroachment. The schools are not afraid of that.

I submit a letter from the president of the University of Minnesota published in the July 9 issue of the Congressional Record, inserted by Senator Humphrey, a letter which he had sent to Senator Humphrey, strongly urging support of this particular bill.

May I read from that letter in part?

The University of Minnesota has wished to do everything possible to make its facilities available for this type of training, but patiently there must be a limit beyond which we cannot continue to expect the people of Minnesota, through legislative appropriations, to provide for the training of students from other States. The university is anxious to continue to meet the growing need for training of this character, but feels that we must have some assistance beyond State appropriations if it is to continue to train and serve the increasing number of public health students from outside of the State.

I sincerely believe that Federal assistance is a logical means of distributing this financial burden for the training of persons for public service throughout the Nation.

I have one which has just been passed to me from the president of the University of Michigan. This is a letter to Senator McNamara.

The school of public health occupies a unique role in this university because of its national and international service and importance. The bill which is now before the House of Representatives, H. R. 6771, is in the public interest and it has the full support of the University of Michigan.

The president of the University of Minnesota felt so strongly about this that he has written to every member of the Minnesota delegation in the Senate and House, and has written to Senator Hill, and Mr. Harris, chairman of the parent committee, urging the passage of this

bill, as in his estimate being the most reasonable way of distributing this cost for the activities carried by the universities

I heard the suggestion raised yesterday in the course of a letter that was introduced that we should wait until after a conference to be called this coming summer

Gentlemen, I ask you, why wait? Back in 1950 the United States Public Health Service prepared a report on schools of public health. This is Public Health Service Publication 276. Your staff prepared this other report that came out about a year ago. There is ample evidence in both of those reports as to the need for assistance to the schools. The work that every one of these 11 schools is doing for the entire Nation, the work it is doing for the Federal Government, is helping to train personnel to be employed in this country and to be employed outside of the country in public health work. I see no reason for waiting.

We have had evidence before us for almost 10 years. I would urge you very strongly that this bill be reported favorably and that everything possible be done to enact this bill into law.

Thank you very much.

Mr RHODES (presiding) Thank you, Dr Anderson, for your contribution.

Are there any questions from members of the committee?

Mr LOSER I would like to ask the witness, Do you have a medical school?

Dr ANDERSON We do, sir.

Mr LOSER In connection with the University of Minnesota?

Dr ANDERSON Yes, sir. We have a college of medical sciences composed of the medical school, the school of public health, the school of nursing and medical technology.

Mr LOSER Did I understand you to say that the university spent about a million dollars last year for the Public Health School?

Dr ANDERSON No. The appropriation from the State, or the university money coming into the school of public health this past year, was \$244,000. The figure of \$1 million that I used was what it would cost to provide over and above what is now being spent by the Federal and State Governments in terms of other States to train these out-of-State students in the schools of public health at the average cost of running the school of \$4,200 per student. That is where the million dollars came in.

Mr NEAL That included all the 11 schools?

Dr ANDERSON That included just the four publicly supported schools.

Mr LOSER Has your school received grants-in-aid or Federal money for research facilities?

Dr ANDERSON Yes, sir.

Mr NEAL Do you know approximately the figure?

Dr ANDERSON I could not say the figure. We have been very generously treated with respect to medical school research grants.

Mr NEAL Has it been millions of dollars?

Dr ANDERSON Not millions no, sir. It may be a million, but I am sure it was not millions.

Mr NEAL Have you agreed to receive Federal funds for other purposes other than research facilities?

Dr ANDERSON You mean in the medical school, or the public health?

Mr NEAL The school of public health

Dr ANDERSON It is receiving some categorical training grants from the Federal Government

Mr NEAL How much is that?

Dr ANDERSON Over \$100,000 One is for maternal and child health, one for air pollution, some in terms of mental health, one in terms of chronic diseases But these are categorical grants

Mr NEAL I am not debating the matter

Dr ANDERSON You can use them only in one field

Mr NEAL I thought the record ought to show just what the Federal Government is now doing at your school

Dr ANDERSON That is right I can give you the exact figure if you would like to have it

It is over \$100,000

Mr NEAL Is that annually?

Dr ANDERSON It has to be an annual grant, yes, subject to renewal Our actual grant was \$131,000 The Federal grants total for all the schools 21 percent of the money that is being spent

Mr LOSER 21 percent?

Dr ANDERSON Yes Yet 25 percent of the students in the schools are students that are coming from outside of this country which you might well consider to be the Federal responsibility The 21 percent of grants barely makes up what we are doing for the Federal Government in training foreign students

Mr RHODES Dr Anderson, by comparison, how many nonresident students that go to your University of Minnesota are attending other departments of the school?

Dr ANDERSON For the entire university, about 15 percent of our students are nonresidents On the other hand we have to recognize that there are residents of Minnesota going to other States I think those just about balance off in terms of the overall It has been that figure rather constantly from year to year, about 15 percent of the total, varying considerably within the schools

Mr RHODES Yesterday there was some question raised about placing a time limit on the assistance authorized in this legislation Do you think this would hinder or help the schools of public health?

Dr ANDERSON It would not help them, sir The trouble with a time limit is that you cannot get personnel of the quality you want when they know that the money is available for 1 or 2 or 3 years You cannot build a program on as shifting a basis as temporary grants You have to have some element of stability to be able to get and hold on to personnel

A time limit here would be a very considerable handicap to the schools

There is always a possibility if a program does not work out to repeal the thing It would seem to me that would be the way to put a time limit on the thing If it is not appropriate you just simply back up

Mr RHODES Are there any other questions?

If not, thank you, Doctor

Dr ANDERSON Thank you

(The full statement of Dr Anderson follows)

TESTIMONY ON H. R. 6771 PRESENTED BY GAYLORD W. ANDERSON, M. D.,
 DR. P. H., MAYO PROFESSOR AND DIRECTOR OF THE SCHOOL OF PUBLIC
 HEALTH AT THE UNIVERSITY OF MINNESOTA

I am Gaylord W. Anderson, Mayo professor and director of the school of public health at the University of Minnesota. I have directed this work at Minnesota for over 20 years, interrupted only by 3½ years of military service during World War II. I had previously served as deputy commissioner of public health in Massachusetts and have had the privilege of observing and consulting in public health training programs in many foreign areas including Korea, Egypt, and several of the South American countries. In 1952, I had the honor of serving as president of the American Public Health Association. Today, representing the Association of Schools of Public Health, I am deeply appreciative of this opportunity of presenting to you some of the financial problems of these schools and more particularly those of a typical State-supported school.

There are in the United States only 11 accredited schools of public health. Six of those are privately endowed and five, those at the Universities of California, Michigan, Minnesota, North Carolina, and Puerto Rico are components of universities supported by the taxpayers. These 11 universities are therefore carrying today the burden of training personnel who will assume positions of responsibility in the direction and conduct of the public health program throughout the Nation. In addition to this broad national function, these schools are carrying the further burden of serving as international training centers, for both the World Health Organization and the Federal Government through its foreign-aid program are sending large contingents of foreign students to these schools to receive training for positions of responsibility in their respective countries. The geographic distribution of the graduate students during the past academic year is shown in the following table.

	Public support		Private support	
	Number	Percent	Number	Percent
Resident of State in which school is located -	209	37	145	29
Resident of some other State or Territory -	225	40	198	39
Foreign resident -	130	23	162	32
	564	- -	505	- - - -

This situation of preponderant nonresident registration holds for the publicly supported as well as the private universities. Thus at Minnesota, which is typical of the former group, during the past academic quarter only 33 percent of the graduate students in public health were residents of the State. By way of contrast 47 percent were residents of other States and Territories and 20 percent represented students from 18 different foreign nations.

It is obvious from these figures that the 6 endowed institutions and the taxpayers of 4 States and Puerto Rico are carrying an enormous burden of national and international service, a burden that is not shared equally by the taxpayers of the remaining 44 States. That this is truly support for other States and nations is attested by the fact that these out-of-State students do in reality return to out-of-State duties. A recent review of the distribution of graduates of the schools shows that only one-fourth remain in the States where trained whereas half are employed in other States and the remaining fourth are serving in foreign countries. The 25 percent who remain in the State where trained does not represent even a fair return inasmuch as the 10 States where those schools are located constitute one-third of the Nation's population. The 4 States whose taxpayers are providing this support constitute barely 15 percent of the Nation's population. This is truly an inequitable burden upon a small group of States, a burden which, I believe, should be more equitably distributed.

It should be further remembered that the nature of employment of public health graduates differs materially from that of other university graduates. The schools of public health are to the highest degree training persons for public service, not private employment. As shown in a recent staff report from your parent committee, 15 percent of the graduates are in Federal service, 55 percent employed by State and local government, 22 percent in voluntary non-profit-making public health agencies, while only 8 percent are in industry or comparable private employment. I doubt if any other branch of our colleges and universities

can point to a higher percentage of its graduates in public service. Is it not logical to suggest that just as the Government has assumed responsibility for the training of military personnel to protect the people against a foreign enemy, so ought Government concern itself with the training of those persons whom it will employ to protect the people against the threat of disease?

It is apparent from the foregoing that a few universities and a small group of taxpayers are today carrying an undue share of what should properly be a national responsibility. The magnitude of this burden is not large when considered in proportion to the total expenditures of the Federal Government or even when contrasted with the expenditures for national defense. It is, however, large when considered in relation to the funds available to the several universities. During the last years for which exact data are available (1955-56) the average per student cost in the schools of public health was \$4,200. This meant that our 11 schools were spending in excess of \$4,500,000 for their respective training programs exclusive of a comparable sum dedicated and specifically earmarked for research. At the University of Minnesota, where we have the lowest per student cost of any of the schools, over \$244,000 of public money has been allocated to the school of public health during the present academic year, yet over half of our students come from outside of Minnesota. At the same time our enrollment grows and we are being increasingly asked to take more students from other nations and other States.

Analysis of the source of funds as shown in the following table from the same staff report is also quite revealing as to the financial problem of providing this professional public health training.

Source of teaching budgets, 1955-56

	All schools	Publicly supported	Endowed
Total expenditures.	\$4,562,980	\$2,144,415	\$2,418,565
Source of funds	Percent	Percent	Percent
Tuition	11	9	13
Endowment	22	1	41
Gifts	24	19	28
State and State universities	32	69	
General university funds	6		11
Other	2	2	2
Deficit	3		5

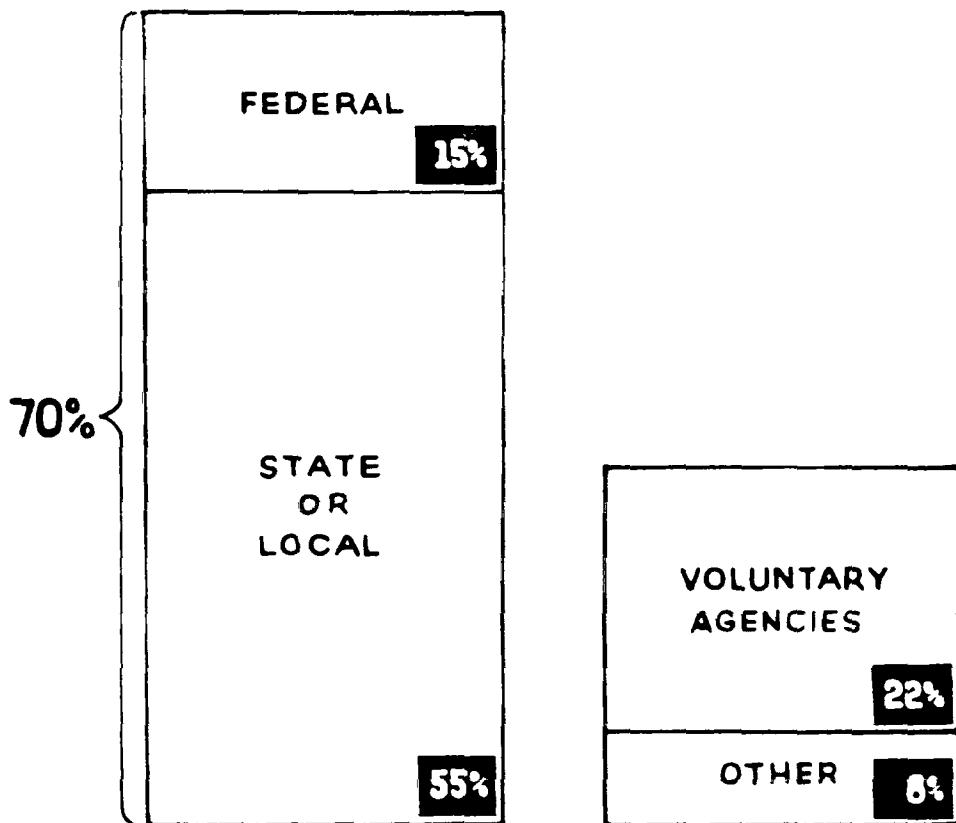
Several significant aspects of the foregoing table should be stressed. In the State-supported schools, 69 percent of the funds are derived from the State taxpayers who may very logically ask why their funds are being so largely used for the benefit of the other States. The private schools are drawing very heavily upon their endowments, yet it is common knowledge that the financial return from these endowments has not increased commensurate with the higher costs of operation and that endowments are not increasing in this period of high taxation. It is not surprising therefore that some of the schools have had to draw upon the capital of their endowments in order to meet deficits and that, unless new sources can be found, will have to draw even more heavily on their capital in the years ahead.

There is obviously a limit to the extent to which a State-supported school can turn to its taxpayers and request funds for an operation the benefit of which accrues so largely to those outside of the State. Similarly there must be a limit to the degree to which a private school can draw on its limited and nonincreasing endowment to meet the rising costs of education. It is therefore inevitable that the Association of Schools of Public Health, which represents the schools dedicated to training personnel for public health service, should seek new sources of funds to meet their present and future costs. I believe that in the State universities we have gone as far as we can reasonably expect to go in seeking local tax support. At Minnesota we have been generously treated but I cannot overlook the fact that persons have wondered why the taxpayers of the State should not be relieved of some fraction of this burden and the responsibility for support be more equitably distributed among the taxpayers of all States.

EMPLOYERS OF PUBLIC HEALTH SCHOOL GRADUATES

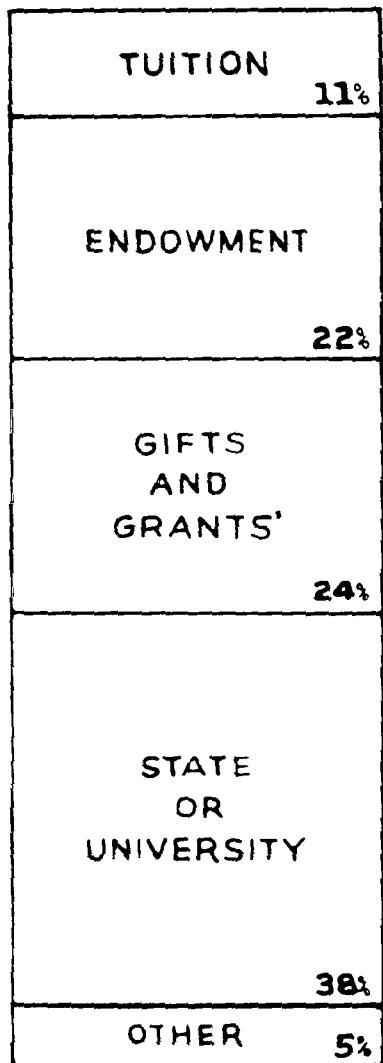
GOVERNMENT

NON-GOVERNMENT



Based on 1950-55 graduates of U.S. Schools of Public Health

**SOURCES OF FUNDS
FOR TRAINING A
PUBLIC HEALTH
STUDENT**



**CHANCES OF A
GRADUATE WORKING
IN STATE WHERE
TRAINED**

25%

* No data on gifts from Federal Government

Based on 1955-56 budgets of U S Schools of Public Health

It is the belief of the association that the most equitable way to provide some measure of relief is through Federal subsidies to schools of public health in recognition of the load they are carrying for all the States and the assistance they are giving the Federal Government in providing facilities for training of Federal personnel and those students brought to this country as an integral and important part of our national program of foreign aid. Without such assistance, the schools of public health cannot even continue their present programs and certainly cannot expand to meet the needs of the future which will be greater not only in magnitude but also in complexity. It is for those reasons that I strongly support H R 6771 and urge its passage as a matter of real importance to the health of the Nation.

Mr RHODES The next witness will be Dr Detlov Bronk, president of the Rockefeller Institute, and the National Academy of Sciences.

You may proceed, Dr Bronk

STATEMENT OF DR DETLOV BRONK, PRESIDENT OF THE ROCKEFELLER INSTITUTE, AND NATIONAL ACADEMY OF SCIENCES

Dr BRONK Mr Chairman, I am here merely to express my admiration for what the schools of public health are doing and to express further my hope that they may be given assistance which I, as former president of Johns Hopkins University, know all too well they badly need.

I am not intimately associated with any one of these schools. I see their role in the American society from a different standpoint than would those who are daily concerned with their operation.

But as president of the Rockefeller Institute and of the National Academy of Sciences, and incidentally as Chairman of the National Science Board, I am concerned that basic scientific discoveries which are made in institutions such as those which I have referred to or are supported by agencies such as the National Institutes of Health and the National Science Foundation, are translated into the furtherance of human welfare. The discoveries in the field of the life sciences await the use of those who practice medicine, and I would dare say to an even greater degree those who guard the public health. I say this because while physicians who are concerned with the care of the ill utilize scientific discoveries for the repair of natural or artificial damage to the human organism, those who are dealing with problems of public health are preventing illness, and this is a type of activity which affects profoundly the lives and the welfare of all of the people of our country.

During these recent weeks when many of us have been involved in hearings here in Congress regarding the need for improved education, we have been saying that trained men and women, competent men and women, are our greatest national resource. But it would be a truism to say that healthy men, women, and children are the basic national resource. Because of that it seems to me inconceivable that we as a nation would not give first priority to the spiritual and physical health of our people, both for the continued vitality of our country in peaceful pursuits and in the building of our national defenses where we certainly need men and women who are healthy and able to meet the challenge of the present and the future.

As one who was formerly an engineer, I am deeply impressed by the way in which the discoveries in the physical sciences and engineering are rapidly changing the conditions under which man lives. The

greater and greater aggregation of peoples into large urban centers obviously changes the way in which they live and the conditions to which they are subjected

Those of us who have been concerned with the development of aviation over the last 40 years, as I have had the privilege of doing, and as a member of the National Advisory Committee for Aeronautics, I have this daily impressed upon me, we are subjecting people to quite different circumstances than man ever experienced before. All too often we overlook the fact that the purpose of all of our technological developments is to extend the capacities of the naturally evolved human organism to do things. That is the purpose of our whole power industry, to give man a greater capacity for exerting power than man can do by his own unaided muscles.

Transportation has made it possible for man to travel at more rapid speeds than he has ever been able to do by his own unaided body.

Aviation has taken man into an environment in which not even birds have been able to go before. What is happening in space technology today is all too apparent to warrant comment.

Man has for centuries found it possible to warm himself against the natural modifications of the environmental temperature, but only in very recent years has man created a whole environment in which he determines the humidity and the temperature in which he lives. As we move from an unpleasant Washington day of a temperature of 95° and relative humidity of 90 into a pleasant air-conditioned building, we do something to the organism.

We are dumping into the atmosphere for one reason or another atomic radiations.

I cite these examples, gentlemen, merely to emphasize the fact that as science and technology progresses we are going to be continually changing the conditions under which men live. This can be for their benefit or for their harm. It is the men and women who are engaged in the work of public health who are going to be able to guide the course of technology and are going to be able to protect us against the harmful effects of what engineering and technology may develop or shape engineering and technology so that we will have better conditions under which we live.

I am reminded of some lines of Edwin Markham which, if I remember correctly, run something like this

Why build these cities glorious
If man unbuilded goes?
In vain we build the world, unless
The builder also grows.

Gentlemen, all I wish to say is that I hope you will give these schools which train the men and the women who protect the health of the American people the opportunity to do the job better than they are now doing even though that is a magnificent undertaking at the present time. I am one of those who feels very strongly that the basic responsibility for the improvement of our education lies first in the home, and then in the local community. But having said that, as I said before Senator Hill's committee last week, I hope that the National Government will recognize a responsibility to give leadership and through the schools of public health you can give that leadership toward the improvement of the health and welfare of our people.

without, I am convinced, in any way impairing any sense of local responsibility

Mr RHODES Thank you, Dr Bronk, for your very fine statement
Are there any questions? Mr Loser?

Mr LOSER Only to say that I thought the doctor made a marvelous statement and I would like to subscribe to that part of your statement in which you said that the spiritual and physical well-being of the people of the Nation should be paramount You made a magnificent statement and I enjoyed it very much

Mr RHODES Mr Heselton?

Mr HESELTON No, thank you

Mr RHODES Dr Neal

Dr NEAL I have nothing more than to say other than as the doctor brought out, we are all too unconscious of our present life and the necessity for trained leaders in public health which is paramount in our present-day situation

Mr RHODES Thank you very much, Dr Bronk

Dr BRONK Thank you, Mr Chairman and gentlemen

Mr RHODES Our next witness will be Dr Aims C McGuinness Special Assistant for Medical Affairs, Department of Health, Education, and Welfare He will be accompanied by Dr David E Price, Chief of the Bureau of State Services, Public Health Service

I wish to mention to members of the subcommittee the outstanding professional background of Dr McGuinness He made a great contribution in the field of medicine both as a physician, in his services at the University of Pennsylvania as an administrator, and as medical consultant to the Secretary of Health, Education, and Welfare

I had the opportunity of hearing him speak at the Berks County Medical Society in Reading, Pa He made a very fine address that was well received by all who heard him

We are certainly pleased to welcome you here this morning, Dr McGuinness

STATEMENT OF DR AIMS C MCGUINNESS, SPECIAL ASSISTANT FOR HEALTH AND MEDICAL AFFAIRS TO THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE (ACCOMPANIED BY DR DAVID E PRICE, CHIEF OF THE BUREAU OF STATE SERVICES, PUBLIC HEALTH SERVICE)

Dr MCGUINNESS Thank you, Mr Chairman Although I have met many of the members of this committee, this is the first time I have been privileged to testify

My predecessor, Dr Coggeshall, has told me of the very pleasant relationships he has enjoyed with this committee, and I am looking forward to the opportunity of working closely with you in your consideration of legislation to improve the health of the Nation

I am here today to present and explain the views of the Department of Health, Education, and Welfare, on H R 6771, a bill which would amend the Public Health Service Act so as to authorize appropriations of not more than \$1 million annually, within the present State health grant authorization, for the purpose of making direct grants to certain educational institutions

Dr David E Price, Assistant Surgeon General, and Chief of State Services, Public Health Service, is with me, and both of us will be available for questioning when I have completed my formal statement

The types of institutions which the proposed legislation would make eligible to receive grants-in-aid are basically the 11 accredited graduate schools of public health. These schools, together with a number of other professional schools—primarily collegiate schools of nursing and engineering—perform an essential role in the graduate training of professional personnel needed to staff public-health agencies of Federal, State, and local governments, and voluntary health organizations.

It is estimated that approximately half of the individuals receiving such training are enrolled in the schools of public health. Furthermore, these schools have many students from foreign countries who, after graduation, return to work in their native lands. The fact that a very high proportion of the graduates of the schools of public health are employed by either public or quasi-public agencies underscores the public-service nature of these institutions.

Since your committee already has heard testimony with respect to their training services by witnesses representing these schools, I shall not undertake a repetitive description in this statement. We are keenly appreciative of their importance in helping to meet the needs for trained public health personnel, but we believe it would be wise to defer legislative action on this particular proposal pending the completion of a fundamental review and appraisal of public-health training needs and responsibilities which already has been instituted pursuant to recent congressional action. In explanation of this recommendation, let me review briefly the present provisions of the Public Health Service Act relating to Federal participation in the training of public-health personnel.

Section 314 (c) of the act, which would be amended by the provisions of H R 6771, authorizes appropriations of not to exceed \$30 million annually for Federal grants to assist the States and localities in establishing and maintaining adequate public health services.

The language of the section now provides specifically that among the purposes for which such grants may be used by the States and localities is the "training of personnel for State and local health work." In other words, the States and localities may, if they so elect, use part of their grants under this section to pay the costs, or part of the costs, of training of personnel required to provide public health services. Similar provisions are contained in other provisions of the act authorizing categorical health grants to the States, such as those for venereal disease control and tuberculosis control. Pursuant to these authorizations a number of States and localities have from time to time used such grants in part to send key personnel to schools offering specialized public health training.

Section 314 (c) further provides that

Of the sum appropriated for each fiscal year pursuant to this subsection there shall be available an amount, not to exceed \$3,000,000, to enable the Surgeon General to provide demonstrations and to train personnel for State and local health work and to meet the cost of pay, allowances, and traveling expenses of commissioned officers and other personnel of the Service detailed to assist States in carrying out the purposes of this subsection.

Under this authority the Service has provided a number of short-term training programs for State and local health workers in its own facilities. Examples of such training include courses in field epidemiology, health record management, housing hygiene, control of disease vectors, bacteriological examination of milk and dairy products, and shellfish sanitation.

In addition to these authorizations, which have been included in the statutes for many years, a new provision was added by the enactment of the Health Amendments Act of 1956.

Title I of that act provided a 3-year authorization of Federal funds for traineeships for public health personnel. This new authorization was based upon legislative recommendations submitted to the Congress by our Department. It was designed to help meet increasing shortages of professional health personnel with specialized training in public health problems and methods. Under its provisions the Public Health Service, both directly and through grants to training institutions, has established traineeships covering tuition costs and maintenance stipends for graduate or specialized training in public health for physicians, nurses, engineers and other professional health personnel. Although this program has an important impact on the 11 graduate schools of public health—which are providing the training for approximately half of these trainees—it should be pointed out that these Federal traineeships cover only the costs to the trainees and do not include any assistance to the schools in meeting their instructional costs, which are considerably greater than their income from tuition and fees.

In enacting the 1956 traineeship authorization, the Congress added an amendment which has a direct bearing on the recommendation of our Department for deferment of legislative consideration of H. R. 6771. In addition to an expert advisory committee to assist the Surgeon General in the administration of the public-health-traineeship program, the act further requires that

The Surgeon General shall, between June 30, 1958, and December 1, 1958, call a conference broadly representative of the professional and training groups interested in and informed about training of professional public health personnel, and including members of the advisory committee appointed pursuant to subsection (d), to assist him in appraising the effectiveness of the traineeships under this section in meeting the needs for trained public-health personnel; in considering modifications in this section, if any, which may be desirable to increase its effectiveness, and in considering the most effective distribution of responsibilities between Federal and State Governments with respect to the administration and support of public-health training. The Surgeon General shall submit to the Congress, on or before January 1, 1959, a report of such conference, including any recommendations by it relating to the limitation, extension, or modification of this section.

In our opinion, Mr. Chairman, this was a constructive amendment, and we welcomed its incorporation in the legislation enacted. It emphasizes the need for a broad review and reappraisal of existing provisions of law relating to training in public health; it calls for a coherent definition of both Federal and State responsibilities for the support of public-health training; and it provides an effective mechanism for obtaining and collating the views and recommendations of the various groups most interested in and informed about such training.

The conference specified in the act is scheduled to be held in Washington, D. C., on July 28, 29, and 30 of this year. Work already has begun on the preliminary steps of data collection and conference organization essential to the conduct of an effective conference. If the committee wishes, Dr. Price is prepared to summarize the plans and arrangements for this conference.

To summarize the relevant circumstances, Mr. Chairman, our Department recognizes the importance of public-health training and is keenly aware of the need for expanding and strengthening existing training programs. We also believe that some further Federal participation in the support of such training might be justifiable, provided that the Federal role can be developed in the light of a broad review of public-health-training activities and responsibilities, including those of States and localities, as well as those of the institutions themselves.

The present provisions of the Public Health Service Act authorize the use of general and categorical health grants for the training of State and local health personnel, as well as the conduct of certain training programs for such personnel by the Service.

In addition, the Service provides funds, directly and through grants to schools, for the establishment of public-health traineeships. It should be noted, however, that such funds are used only for tuition and maintenance costs of the students, and do not include any payments to the institutions for their instructional costs.

Except for the requirement that all health grants to States must be matched by State or local funds, there is no statutory definition of the distribution of Federal-State responsibilities for the support of the training of public health personnel. The special conference provisions of the Health Amendments Act of 1956 direct attention to the need for such a definition and call for a report to be submitted to the Congress on January 1, 1959.

The bill now under consideration by your committee would provide a new form of Federal participation in the costs of public-health training—direct support grants to graduate schools of public health.

In our opinion, the findings and conclusions which can be expected to result from the conference to be held this summer are so central to consideration of the proposal contained in H. R. 6771 that the enactment of such legislation would seem to be premature at this time. We, therefore, recommend that consideration of the further training assistance proposed in H. R. 6771 be postponed until after the report of the special conference is submitted to the Congress in January 1959.

Mr. RHODES. Thank you, Dr. McGuinness. I would like to call on Mr. Heselton. I believe he has a few questions. He has another meeting to attend, so I will call on him at this time.

Mr. HESELTON. Dr. McGuinness, I apologize for having to leave. I am very much interested in your statement and the statements of other witnesses which I shall read very carefully.

In going over your statement it occurs to me that there are three points as to which the subcommittee might like some further information.

As I understand it, Dr. Price is able to furnish us the plans and arrangements so far made with reference to this conference you just mentioned.

Dr McGUINNESS Yes

Mr HESELTON I think if that could be supplied for the record it would be very helpful

Dr McGUINNESS Very good, sir

(The information requested follows)

SUMMARY OF CURRENT PLANS FOR PUBLIC-HEALTH TRAINING EVALUATION CONFERENCE

The national conference required by title I of the Health Amendments Act of 1956 to be called by the Surgeon General to evaluate public-health training in the United States, will be held July 28, 29, and 30, 1958

A steering committee to plan for the conference held its first meeting last July. This steering committee is composed of members of the Surgeon General's National Advisory Committee on Traineeships which includes expert representatives from the public-health training institutions (including schools of public health) and from State health departments, voluntary health agencies, and medical associations

On the advice of the steering committee, we have established two preconference study committees to plan the collection of necessary data on public-health training, and to analyze and evaluate the data for use by the conference members. One of the study committees has been assigned the task of collecting and evaluating data on public-health training needs. The chairman of this committee is Dr Berwyn Mattison, executive secretary of the American Public Health Association and recently State health officer of Pennsylvania. The second committee is charged with collecting and evaluating data on training resources under the chairmanship of Dr Charles E Smith, dean of the School of Public Health at the University of California

Under the direction of the two preconference study committees, questionnaires have been developed to collect the necessary background data on training needs and resources. These questionnaires, after appropriate pretesting and clearances, have been distributed to State health departments and other State agencies which employ trained public-health personnel, to schools of public-health, and to those schools of nursing and of engineering which provide public-health training

The data collected through these questionnaires will provide the conference participants a comprehensive picture of the present status of training needs, forecasts of needs for trained personnel to staff public-health programs in the future, the current and necessary instructional and financial resources of the training institutions, and informed suggestions for future developments in the nature of public-health training

Our plans call for the responses to the questionnaires to be summarized, analyzed, and distributed to the conference participants by about July 1 of this year in order that they may have an opportunity to review the factual data before the conference

Members of the conference, under the terms of the act, must be "broadly representative of the professional and training groups interested in and informed about training of professional public-health personnel". We are now in the process of selecting and inviting approximately 60 such experts. These will include individuals representing all of the major professional categories of personnel necessary in modern public-health practice, representatives from State and local departments and other major types of organizations which employ professional public-health personnel, representatives of educational institutions which provide public-health training, including schools of public health, schools of nursing, and schools of engineering, and representatives of major voluntary health organizations and foundations

From such a broadly representative group of experts in the field of public-health training will emerge, we believe, recommendations which can form the basis for charting the future course of public-health training and the most desirable role of the Federal Government in furthering these goals

Mr HESELTON Referring to pages 3 and 4, I would like to have you prepare and submit to the chairman, and he will decide whether or not we need it in the record, first, in what States and localities grants are made to send key personnel to school. I assume they go to the public-health schools

Second, in the next paragraph you referred to the short-term training programs for local health workers I would like to have a summary of that I would like to see, not necessarily in great detail, how many have taken advantage of it, what the extent of the Federal grant was, and when it occurred and to what schools

Dr McGUINNESS Yes, sir

(The information requested follows)

HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE
Amounts identified as expended for training activities, fiscal year 1956¹

State	Total funds expended	State	Local	Pri- vate agencies	Total Federal funds	Distribution of Federal funds										
						Total PHS funds expended	Public Health Service						Other Federal	Children's Bureau		
							General health	Venereal disease	Tuber- culosis	Cancer	Mental health	Heart disease	Other PHS			
Total	\$2,997,688	\$287,338	\$100	\$18,200	\$2,001,956	\$771,608	\$534,291	\$14,874	\$48,273	\$94,553	\$100,455	\$24,536	\$5,796	\$11,676	\$1,308,472	
Alabama	22,982				22,982	2,908					888	325	2,000			20,074
Arizona	2,730	2,730														
Arkansas	37,455	13				37,445	19,735	18,625				53				17,700
California	201,595					201,595	60,650	20,821				38,118				120,947
Colorado	4,200					4,200	997	997								3,200
Connecticut	46,255					46,255										46,255
Delaware	2,500	1,214				2,500										2,500
District of Columbia																
Florida	97,500	44,307				97,500	39,700	38,700								1,817
Georgia	114,235	14,750				114,235	63,445	63,445								28,958
Idaho	16,207	826				16,207	6,251	6,251								3,750
Illinois	120,641					120,641	44,272	27,191								103,359
Indiana	15,919	130				15,919	10,053	9,955								5,987
Iowa	61,462					61,462	7,920	6,484								24,062
Kansas	11,057					11,057	11,057	6,907								
Kentucky	14,700	3,002				14,700	11,026	10,926								371
Louisiana	125,214	40,126				125,214	24,050	9,926								75,457
Maine	8,000	2,007				8,000	4,743	4,743								
Maryland	105,577		100			105,577	154	154								105,233
Massachusetts	128,055			12,171		128,055	170,924	30,925	9,241							100,162
Michigan	94,651	20,200				94,651	49,725	49,725	49,577							14,985
Minnesota	14,700					14,700	4,113	4,087								10,653
Mississippi	9,270	4,700				9,270										3,470
Missouri	31,544					31,544	7,000	7,000								
Montana	4,710	1,200				4,710	4,515	94	94							24,009
Nebraska	6,700	200				6,700	6,444	1,151	751							4,454
Nevada																4,208
New Hampshire	20					20										20
New Jersey	12,294	4,294				12,294	9,712	1,717								4,597
New Mexico	3,600					3,600										3,600
New York	500,140	200,000				500,140	207,500	60,000	43,750							142,578
North Carolina	102,000					102,000	20,000	20,000	12,115							112,662
North Dakota	8,004					8,004	1,000	1,000	1,000							1,204

Ohio	107,914	20,151	17,119	57,700	60,120	24,720	602	681	36,300	407	18,663
Oklahoma	17,459	299	14,706	17,119	14,015	14,706	1,000	847	2,287	788	3,104
Oregon	14,726	10,089	14,726	14,726	14,726	14,726	1,000	1,266	1,266	1,266	28,000
Pennsylvania	78,713	10,089	10,089	50,004	30,045	20,000	2,817	400	400	400	5,726
Rhode Island	6,726	1,000	6,726	6,726	1,000	1,000	1,000	1,000	1,000	1,000	1,000
South Carolina	4,006	1,000	4,006	4,006	2,001	2,001	2,001	542	542	542	5,986
South Dakota	4,006	1,000	4,006	4,006	4,010	4,010	4,010	6,041	6,041	6,041	120,200
Tennessee	302,973	60,706	60,706	102,300	31,997	31,997	2,038	6,041	6,041	6,041	12,700
Texas	41,126	1,000	41,126	4,000	4,000	4,000	4,000	410	410	410	126
Utah	6,010	1,000	6,010	6,010	6,010	6,010	6,010	6,010	6,010	6,010	6,010
Vermont	6,270	1,000	6,270	6,270	6,270	6,270	6,270	6,278	6,278	6,278	54,805
Virginia	11,458	11,458	11,458	11,458	11,458	11,458	11,458	11,458	11,458	11,458	5,983
Washington	52,900	4,004	52,900	72,975	14,270	14,270	806	50	50	50	7,350
West Virginia	4,391	1,000	4,391	4,391	4,391	4,391	4,391	7,206	7,206	7,206	6,295
Wisconsin	14,356	26	14,356	14,356	7,923	7,923	7,923	360	360	360	2,443
Wyoming	16,270	1,000	16,270	16,270	8,976	8,976	8,976	8,403	8,403	8,403	1,921
Alaska	7,941	1,000	7,941	7,941	5,000	5,000	5,000	216	216	216	21,155
Marshall Islands	1,251	1,251	1,251	1,251	1,251	1,251	1,251	1,251	1,251	1,251	2,233
Puerto Rico	307,100	200,901	200,901	449	216	216	216	216	216	216	216
Virgin Islands	400	400	400	400	400	400	400	400	400	400	400

¹ As reported to the Public Health Service by State health departments and other State agencies participating in grants administered by the Public Health Service and the Children's Bureau. It is recognized that these estimates do not reflect the total training expenditures, since it is known that funds spent for training activities are some-

times reported as part of the expenditures for specialized programs rather than identified specifically as training projects.

² Funds expended from the Alaska grant

Summary of training activities conducted by Public Health Service under authority of sec 314 (c), Public Health Service Act, fiscal year 1957

	Number of courses	Number of trainees
Conducted by		
Communicable Disease Center, Atlanta, Ga	117	3,381
R A Taft Sanitary Engineering Center, Cincinnati, Ohio	39	1,263
Total.....	156	4,664

Mr HESELTON On the fourth page, again, the traineeships, if you will cover the same data, I would like to see it, and I feel certain the rest of the subcommittee would like to see it

Dr McGUINNESS Yes, sir

(The information requested follows)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—PUBLIC HEALTH SERVICE,
BUREAU OF STATE SERVICES, DIVISION OF GENERAL HEALTH SERVICES,
WASHINGTON, D C

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category

Professional category	Number of trainees
Physicians.....	14
Sanitary engineers.....	22
Sanitarians.....	20
Laboratory personnel (bacteriology, immunology, chemistry, etc)	10
Health educators.....	25
Nutritionists.....	5
Medical social workers.....	1
Dentists.....	9
Dental hygienists.....	5
Veterinarians.....	9
Statisticians.....	2
Nonmedical administrators.....	6
Nurses.....	134
Total.....	262

PHYSICIANS

Name	Latest experience	Training institution (school of public health)
Ager, Ernest A.....	Minnesota State Department of Health	University of Minnesota.
Buah, Edwin S.	Associate pediatrician, Memorial Medical Center, Williamson, W Va.	Johns Hopkins University
Cady, Lee De.....	USPHS, Iran	Yale University
Cassel, Wm J., Jr ..	Private group practice, Carbondale, Ill	University of Michigan.
Dantler, Malcolm H ..	State Board of Health, Columbia, S C	University of North Carolina.
Dobbs, June M	Residency in pediatrics, Louisville General and Children's Hospital, Louisville, Ky	Columbia University
Duval, Dorothy V.	Chippewa-Luce Mackinac Health Unit, Sault Ste. Marie.	University of Michigan.
Edmunds, Margaret A.....	Medical intern, Freedmen's Hospital, Washington, D C	University of Pittsburgh.
Flinders, Arley	City-county health department, Ogden, Utah	University of California.
Freitag, Julia L	New York State Department of Health.	Harvard University
Kennedy, John E.	Director of medical services, Government of Guam.	Do.

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

PHYSICIANS—Continued

Name	Latest experience	Training institution (school of public health)
Mykytow, Marion.....	Richmond Health Department, Richmond, Calif.	University of Pittsburgh.
Richardson, Clark M.....	District director of public health, Trust Territory of the Pacific Islands.	University of California.
Stout, Judith A.....	Kentucky State Department of Health.	University of North Carolina.

SANITARY ENGINEERS

Name	Latest experience	Training institution
Carver, Paul T.....	Student, Cornell University.....	Cornell University
Cooper, Hugh Gray.....	Student, Virginia Polytechnic Institute.	Virginia Polytechnic Institute.
Drake, Donald A.....	Westchester County Health Department.	University of Michigan, department of civil engineering
Dryden, Franklin D.....	Installation officer, U S Air Force (formerly with California State Health Department)	California Institute of Technology
Hann, Roy Wm., Jr.....	Student, University of Oklahoma.....	University of Oklahoma
Hendrickson, Waldemar F.....	Student, University of Idaho.....	University of Idaho
Henning, Paul.....	Missouri State Division of Health	University of Michigan School of Public Health.
Hugh, Marvin D.....	Pittsburgh Plate Glass Co., Crystal City, Mo	Purdue University
Huffstutter, Kay K.....	Jefferson County Health Department Hillsboro, Mo	University of Michigan School of Public Health
Klenck, Wayne F.....	U S Navy, District Public Works Office, San Bruno, Calif	University of California at Berkeley, College of Engineering
Klock, John W.....	Student, University of California at Berkeley	Do
Lazarchik, Donald A.....	Pennsylvania Department of Health, Greensburg	Pennsylvania State University.
MacPherson, Wm. J.....	California State Department of Health, Berkeley, Calif	University of California School of Public Health
Olson, D. E.....	Omaha-Douglas County, Nebr, Health Department.	University of Minnesota School of Public Health
Olson, O O.....	North Dakota State Department of Health	Do
Pailthorp, Robt. E.....	Student, Oregon State College	Oregon State College department of civil engineering
Robison, Samuel L., Jr.....	Student, Virginia Polytechnic Institute.	Virginia Polytechnic Institute department of civil engineering
Soukup, Albert V.....	State board of health, Kansas	University of Michigan department of civil engineering
Struzeski, Edmond J., Jr.....	Student, North Carolina State College.	North Carolina State College
Sudweeks, Calvin K.....	Utah State Department of Health ...	Harvard University (engineering)
Sweeney, Willard S.....	U S Air Force Newburgh, N Y	University of North Carolina School of Public Health.
Willrich, Ted L.....	Assistant professor, extension agricultural engineer, Iowa State College, Ames.	Iowa State College

SANITARIANS

Albert, Henry L. J., Jr.....	City of Pittsburgh Health Department.	University of Pittsburgh School of Public Health.
Barbo, Samuel H., Jr.....	Santa Clara County Health Department, San Jose, Calif	University of California School of Public Health.
Brown, James E.....	Ashe, Alleghany, Watauga District Health Department, Boone, N C	University of North Carolina School of Public Health
Daley, Richard M.....	Denver Department of Health, Denver, Colo	Harvard University school of Public Health.
Johnson, Shelby.....	Kentucky State Department of Health.	University of North Carolina School of Public Health.
Klein, William L.....	Ohio State Department of Health	Do
Marden, Raymond A.....	Jefferson County Health Department, Birmingham, Ala.	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

SANATARLIANS—Continued

Name	Latest experience	Training institution (school of public health)
McCormick, Robert J.	Omaha-Douglas County, Nebr., Health Department	Tulane University School of Public Health
McElyea, Gene W.	Missouri Division of Health	Tulane University School of Public Health
McKray, Geo Alexander	California State Department of Health	University of California School of Public Health
Miller, Bryan E.	New Mexico Department of Public Health	Do
Newman, C. H.	Student, University of Oklahoma	University of Oklahoma
Newman, E. E.	Colorado State Department of Public Health	University of California School of Public Health
Pattillo, John R.	Student, University of Richmond, Richmond, Va	University of North Carolina School of Public Health
Prime, Geo Edward	Bureau of Food and Drugs, State of Missouri	University of Minnesota School of Public Health
Rea Alfred N	City of Oakland Calif., Department of Health	University of California School of Public Health
Sharp, Thos J.	District health department, Hickory, N C	University of North Carolina School of Public Health
Steigman, Harry	Tri County District Health Department, Golden Colo	Columbia University School of Public Health
Tabor, Claude F.	New Mexico Department of Public Health	Do
Walden Andrew R.	Spartanburg County Health Department, Spartanburg, S C	University of North Carolina School of Public Health

LABORATORY PERSONNEL (BACTERIOLOGY, IMMUNIZATION, CHEMISTRY, ETC.)

Name	Latest experience	Training institution (school of public health unless indicated otherwise)
Clemmons, Tommy J., Jr	Abilene County, Tex., Health Unit	Tulane University
Deas, Gerald W.	Student, Brooklyn College, Brooklyn, N Y	University of Michigan
Eldridge, Warren E.	Beaumont Realty Co., Bellevue, Wash	University of Minnesota
Forsyth, Philip J.	Texas State Department of Health	Johns Hopkins University
Kelsoe, Foymac S.	Student, Florida State University, Tallahassee	University of Colorado, department of chemistry
Lewis, Vester J	Texas State Department of Health	University of Michigan
Long, James E.	Research fellow, Mellon Institute of Industrial Research, Pittsburgh, Pa.	University of Pittsburgh
McHenry, Charles R.	Tennessee Valley Authority, Chattanooga, Tenn	University of Michigan
Pfizer, Emil A.	Student, University of Pittsburgh	University of Pittsburgh
Sullivan, Robert	California State Department of Health	University of California

HEALTH EDUCATORS

Name	Latest experience	Training institution (school of public health)
Anneser, Donald J	Cortland County TB and Public Health Association, Cortland, N Y	University of Michigan
Ayers, Carol L	Secretary, Stanford University School of Medicine, San Francisco, Calif	University of California
Basham, Margaret F	Kentucky State Department of Health	University of Michigan
Charlton, Robert D	Accountant, Wachovia Bank & Trust Co., Winston-Salem, N C	University of North Carolina
Coniglio, Anne M	Student College of St. Rose Albany N Y	Yale University
DePaoli, Dora M	Medical Section, Armed Forces Institute of Pathology, Washington D C	University of North Carolina
Edmonds, Scott W.	Umatilla, Ore. County Health Department	University of California
Foster, James G. Jr	Kanawha Charleston County, W Va., Health Department	University of North Carolina
Hunter, T. W.	High school teacher, White House, Tenn	Do
Klerman, Lorraine V	Passaic County Heart Association, Paterson, N J	Harvard University
Krippene, Betty H	Wisconsin State Board of Health	University of Minnesota

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

HEALTH EDUCATORS—Continued

Name	Latest experience	Training institution (school of public health)
Lee, Tsun Hai	Student, University of Hawaii, Honolulu, T H	University of California
McElrath, Robert L	Principal, Red Oak School, Alexander, N C.	University of North Carolina
McMaham, Lemuel V.	Assistant county agent, extension service, Marshall, N C	Do
Pansky, Louis J.	Student, University of Wisconsin	University of Michigan
Parker, Donald R.	Instructor, Illinois State Normal University, Normal, Ill	Tulane University
Penix, Roy L	Kentucky State Health Department	University of Michigan
Rubenstein, Herbert	Pennsylvania TB & Health Society, Philadelphia	Do
Setzer, Frances E	Farmers Federation Co-op, Asheville, N C.	University of North Carolina
Sewell, Duane L.	Grant County Health Department, Silver City, N Mex	University of California
Southwood Mildred C	Secretary, Berea College, Berea, Ky (1954)	University of North Carolina
Strauss, Marvin D.	Philadelphia, Pa., Department of Health	University of Michigan
Torres, Norman E R	Teacher, Intermediate School, University of Puerto Rico	University of Puerto Rico
Vigil, Serafin	New Mexico Health Department	University of Michigan
Wolfe, Joan M	Maryland State Department of Health	Yale University

NUTRITIONISTS

Name	Latest Experience	Training Institution (School of Public Health unless indicated otherwise)
Cawley, Florence A	Student, Teacher's College, Columbia University	Columbia University Teacher's College
Felt, Dorothy C	Head dietitian, Latter-day Saints Hospital, Idaho Falls, Idaho	University of California
Langham Rose Ann	Louisiana State Department of Health	University of North Carolina
Matthewson, Gladys H...	Therapeutic dietitian, New York Hospital, New York City	Columbia University Teacher's College
Olmstead, Elizabeth A	Floor dietitian, Georgetown University Hospital, Washington, D C	University of Michigan

MEDICAL SOCIAL WORKERS

Kaplan, David M	Social Service Department, NIMH, Bethesda, Md	University of Michigan
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DENTISTS

Crane, Silas M.	Kentucky State Department of Health	University of North Carolina
Gernert, Edward H...	Louisville-Jefferson County, Ky, Health Department	Harvard University
Jamison, Homer C	Mecklenberg County Health Department, Charlotte, N C	University of Michigan
Kortach, William E.	City of Milwaukee, Wis, Health Department	University of Pittsburgh
Mehaffey, Howard H	General practice, Ann Arbor, Mich	University of Michigan
Pagan, Hidalgo	Department of Health, Puerto Rico	University of Puerto Rico
Snyder, John R	General practice, Minneapolis, Minn	University of Minnesota
Sydow, Eugene S	Private practice Dell Rapids, S Dak	Do
Watson, Delmar C	Health Department, Memphis, Tenn	University of Michigan

DENTAL HYGIENISTS

Below, Dorothy	Michigan Department of Health	University of Michigan
Bowman, Leslie M	Tennessee Department of Health, Nashville, Tenn	Do
Heron, Gayle Ann	USPHS, San Francisco	University of Washington, Department of dental hygiene
Langley, Jana L	Dental hygienist, Eugene, Oreg	Do
Yoshizumi, Dorothy Y	Dental hygienist, Honolulu, T H	University of Michigan

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

VETERINARIANS

Name	Latest experience	Training institution (school of public health)
Beyler, Clifford D.	Lee County, Ill., health unit.	Tulane University
Brobst, Duane F.	General practice, Plentywood, Mont.	University of Pittsburgh
Hoag, Warren G.	Virginia Agricultural Experiment Station, Blacksburg, Va.	Harvard University
Hotchkiss, Philip M.	Animal Disease Eradication Branch, U. S. Department of Agriculture, Washington, D. C.	University of California
Lewis, Arthur L.	Bureau of Laboratories, Florida State Board of Health, Jacksonville	University of Minnesota
McCluskie, J. Douglas	Denver, Colo., Department of Health and Hospitals	University of Michigan
Matheney, Robert C.	Health Bureau, Canal Zone	Do
Moffit, Lyle Edward	Oakland County, Mich., Department of Health	Do
Vaughn, John B., Jr.	U. S. Department of Agriculture, Montgomery, Ala.	Tulane University

STATISTICIANS

Colon, Ada	Department of Public Health, Puerto Rico	Columbia University
Deane, Margaret	California State Department of Public Health	University of California

NONMEDICAL ADMINISTRATORS

Anderson, Janet	Hampden County TB and PH Association, Springfield, Mass.	University of Michigan
Girard, Norman E.	Veteran officer, experience including School of Aviation Medicine.	Yale University
Greene, Omar J.	Student, Lehigh University, Bethlehem, Pa.	University of Pittsburgh
Hinkes, Jules M.	Office and credit manager, Latrobe Hospital, Latrobe, Pa.	Do
Norolian, Edward H.	Administrative assistant in Hartford, Conn., Hospital	Yale University
Taylor, Strawn	Kentucky State Department of Health	University of Michigan

Name	Latest experience	Termination of training period under title I
Boston College School of Nursing, 126 Newbury St., Boston, Mass.		
Hamilton, Nancy N.	Boston City Hospital	Jan 17, 1957
Higgins, Mary M.	Visiting Nurse Association, Hartford, Conn.	Aug 17, 1957
Sellers, M. Virginia	Massachusetts General Hospital, Boston, Mass.	Jan 17, 1957
Catholic University School of Nursing Education, 8800 Brooklyn Ave. NE, Washington, D. C.		
Anger, Melba R.	Montgomery County Health Department, Rockville, Md.	Aug 9, 1957
Fekety, Marian T.	do	Do
Kopek, Pauline E.	Federal Employee Health Branch, USPHS, District of Columbia.	Do
Columbia University Teachers College, division of nursing education, 525 West 120th St., New York, N. Y.		
Grossi, Angelina M.	Visiting Nurse Association, Hartford, Conn.	June 30, 1957
Rich, Lois Ellen	Visiting Nurse Association, Stamford, Conn.	Do
Ross, Mary Ellen	Wyoming Valley Visiting Nurse Association, Uniontown, Pa.	Do
Stanton, Marjorie	New York City Department of Health	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

Name	Latest experience	Termination of training period under title I
George Peabody College for Teachers, department of public health nursing and education, Nashville, Tenn. Blackburn, Thelma (Mrs.)	McIntosh County Health Department, Eufala, Okla.	May 26, 1957
Bullen, Virginia P.	Russell County Health Department, Jamestown, Ky.	Aug. 19, 1957
Castern, Mary	General duty, Pottsville, Iowa	Dec. 15, 1956
Damaree, Mary J. (Mrs.)	Public schools, Tulsa, Okla.	Do
Distefano, Theo C.	Public health nursing, Galveston, Tex.	May 29, 1957
Eimen, Martha E.	Instructor, Mercy Hospital School of Nursing, Iowa City, Iowa.	Do
Grantland, Gladys H.	Public-health nursing, Anderson, S C	Aug 18, 1957
Hill, Mary Delores	Davies County Health Department, Owensboro, Ky	May 29, 1957
Lambour, M Elaine	Community Health Association, visiting nurse service, New Orleans, La	Do
Martin, Carolyn Huggins	Hillsboro County Health Department, Tampa, Fla.	Do
Mothervay, Frances L.	Jefferson County Health Department, Birmingham, Ala.	Dec. 15, 1956
Ramsey, Nell S (Mrs.)	Private duty, Tulsa, Okla.	May 29, 1957
Ray, Billie Jean	Arabian-American Oil Co, Saudi-Arabia	Do
Pride, Leslie R (Mrs.)	Instructor, Nashville General Hospital, Nashville, Tenn	Mar 14, 1957
Spears, Frances B.	Anderson County Health Department, Anderson, S C	Aug 18, 1957
Thee, Martha	Public-health nursing, Montgomery City, Mo.	Do
Incarnate Word College, department of nursing education, 4301 Broadway, San Antonio, Tex Pumphrey, Bonnie B (Mrs.)	San Antonio, Tex., Health Department	Aug 26, 1957
Indiana University School of Education, division of nursing education, Bloomington, Ind McNamara, Angela M.	Camp nurse, South Bend, Ind.	June 30, 1957
Myer, Luann	Camp nurse, Indianapolis, Ind	Do
Loyola University School of Nursing, 830 North Michigan Ave., Chicago, Ill Clemens, Elaine H	Chicago Board of Health	May 31, 1957
Longa, Mary J.	Visiting Nurse Association, Chicago	Do
Marquette University College of Nursing, 2008 North 51st St., Milwaukee, Wis. Clark, Mabel	Visiting Nurse Association, Milwaukee	July 30, 1957
Frigo, Veronica	General duty, Fond du Lac, Wis.	Do
Voigt, Madeline (Mrs.)	Sheboygan, Wis., Health Department	Do
New York University School of Education, department of nurse education, Washington Sq., New York, N Y Ziegler, Joan V	Office nurse, New York City	May 19, 1957
North Carolina College at Durham, department of public health nursing, Durham, N C Jones, Rosa M	Public health nursing, Charlotte, N. C.	Aug 31, 1957
St. John's University School of Nursing Education, 96 Scharmerhorn St., Brooklyn, N Y Magrath, Grace A.	Visiting Nurse Association, Brooklyn	June 3, 1957
Phelan, Carmen D.	Private duty, Brooklyn	Do
Solomon, Janet A.	Private duty, St Vincent's Hospital, New York City	Do
Simmons College School of Nursing, 300 The Fenway, Boston, Mass. Davidites, Rose M.	Massachusetts General Hospital, Boston	Jan. 31, 1957
Dunn, Margaret	do	Do
Hinds, Jeann E.	General nursing, Hyde Park, Mass	Do
Meeson, Marilyn J.	Visiting Nurse Association, Boston	Do
State University of New York Upstate Medical Center, 740 Irving Ave., Syracuse, N Y Clark, Nancy L.	Memorial Hospital, Syracuse	Aug 9, 1957
Hayden, Mary L.	Upstate Medical Center, Syracuse	Do
Horsburgh, Dorothy S.	Onondaga Sanatorium, Syracuse	Do
Hull, Grace	Army Nurse Corps	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

Name	Latest experience	Termination of training period under title I
University of Buffalo School of Nursing, 3435 Main St, Buffalo, N Y Ferrell, Joanne Hanna, Jean C	Public-health nursing, Buffalo Completed basic training, Meyer Memorial Hospital, Buffalo (1948)	Aug 1, 1957 Do
Lindner, Janet M Mogavero, Mary F Reh, Janet	Public-health nursing, Buffalo Professional nursing, Rochester, N Y Public-health nurse, Buffalo	Do Do Do
University of California School of Nursing, Berkeley, Calif Glibried, Lenore F Spence, Inez G	Nurse in hospital, Oakland, Calif Southern Baptist Foreign Mission Board in Japan Visiting Nurse Association, Oakland, Calif	Jan 24, 1957 Do
Wilson, Edith L (Mrs)		June 5 1957
University of California Medical Center School of Nursing, Los Angeles, Calif Eide, Mary A Okino, Chizuye Pickering, Ann T Reynolds, Wilda H	Los Angeles County General Hospital do City of Hope, Duarte, Calif Hospital, UCLA Medical Center Visiting Nurse Association, East Chicago, Ind	June 6, 1957 Do Do Do
University of Chicago Division of Social Sciences, nursing education, 5733 University Ave, Chicago, Ill. Williams, Joan		Mar 31, 1957
University of Colorado Medical Center, School of Nursing, 4200 East 9th Ave, Denver, Colo Durkee, Virginia R Goddon, Margie L Paul, Julia M	Denver Visiting Nurse Service Pima County Health Unit, Tucson, Ariz Columbus Hospital, Chicago, Ill Leahi TB Hospital, Honolulu	Sept 23, 1957 Do Do Aug 30, 1957
University of Hawaii School of Nursing, Honolulu, T H Bal, Aldona I (Mrs)		
University of Michigan School of Public Health, department of public health practice, Ann Arbor, Mich Burgess, Louise H Carlson, Betty Virginia Deuble, Hazel Marie Dobb, Irene Jean Eldred, Charlotte	Johns Hopkins Hospital Queens Hospital, Honolulu, T H District Nurse Association, Toledo, Ohio Hackley Hospital, Muskegon, Mich Easton County Health Department, Charlotte, Mich San Diego County Hospital, San Diego, Calif Visiting Nurse Association, Omaha, Nebr City Health Department, Toledo, Ohio Devine Infant Hospital, Wakefield, Mich St. Luke's Hospital, Chicago, Ill Visiting Nurse Association, New Haven, Conn	Aug 24, 1957 June 15, 1957 Do Feb 2, 1957 Aug 24, 1957 June 15, 1957 Aug 24, 1957 June 15, 1957 Do Do Do
Fleming, Marilyn J		
Gardner, Dona M Gillig, Dorothy A Heglund, Nancy K Kakiomoto, Edith E Knevels, Carol L	Office nurse, Detroit, Mich Public Health nurse, Detroit, Mich Mercy Hospital Home, Gary, Ind Counselor, fresh-air camp, University of Michigan	June 15, 1957 Do Do Do
Kyprie, Lulu M (Mrs) Morigaki, Lorraine M Rilie, Ellen Robison, Lida B	Office nurse, Indianapolis, Ind Allen County Health Department, Lima, Ohio	Do April 5, 1957
Wright, Ayleen L Young, Joan Mary		
University of Minnesota School of Public Health, 1325 Mayo Memorial Bldg, Minneapolis Minn Fagstad, Alice M Gorelle, Marlene M Hermansen, Verna M Johnson, Billie A	University of Minnesota hospitals City Health Department, Fargo, N Dak Indian Hospital, White Earth, Minn Public Health Nursing Association, Des Moines, Iowa Asbury Hospital, Minneapolis Student health department, University of Minnesota	June 15, 1957 Do Dec 15, 1956 June 15, 1957 Do
Johnson, Carolyn F Kreitinger, Beverly J		
Lundquist, Phyllis Maris, Sue Ann	University of Minnesota hospitals Morgan County Health Department, Jacksonville, Ill University of Minnesota hospitals do	Dec. 15, 1956 Mar 15, 1957 Dec. 15, 1956 Do
Martin, Donna J Popovich, Helen Soshea, Allene J (Mrs) Snell, Joan Steinle, Doris Mae	St Paul, Minn., Family Nursing Service Phoenix, Ariz., Visiting Nurse Service Hamline University, St Paul	Mar 15, 1957 June 15, 1957 Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1956-57 by professional category—Continued

Name	Latest experience	Termination of training period under title I
University of North Carolina School of Public Health, Chapel Hill, N C Benvegar Lynett Kuemmerer, Jamie	City Health Department, Baltimore, Md Oconee County Health Department, Walhalla S C	Aug 5 1957 July 18, 1957
Patterson, Anne R	District Health Department, Chapel Hill, N C	Do
Rodriquez, Ann B Shell, Shirley M	Mercy Hospital, Charlotte, N C Lee County Health Department, Sanford, N C	Do Do
Weiss, Elsa Winstead, Emma C	Visiting Nurse Association, Richmond, Va Wake County Health Department, Raleigh, N C	Do Do
University of Oregon Medical School, School of Nursing, 3181 Southwest Sam Jackson Park Rd, Portland, Oreg Corbisier, Clara Hubbard, Avis L Owen, Jane Rehm Olga Schutte, Elsie	Nurses aid Staff nursing Private duty Veterans' hospital, Boise, Idaho University of Oregon Medical School	Dec 14, 1956 Do Do Do Do
University of Pennsylvania School of Nursing, 3400 Walnut St, Philadelphia, Pa Byrd, Dorothy V Davis Edith R	Department of Health, Philadelphia Visiting Nurse Association, Moorestown, N J	Jan 31, 1957 Do
Sainte Marie Mary J	Temple University Hospital, Philadelphia	Do
University of Pittsburgh School of Nursing, Pittsburgh Pa Bigley, Shirley K Davis, Ruth E (Mrs) Lewis, Ann L	Department of Public Health, Pittsburgh City Health Department, Pittsburgh Visiting Nurse Association, Allegheny County, Pa Department of Health, Puerto Rico	June 8, 1957 Do Do June 30, 1957
University of Puerto Rico School of Medicine, department of preventive medicine and public health, San Juan, P R Alamo, Marie Sanchez		
University of Rochester, Division of Nursing Education, 31 Prince St, Rochester, N Y Finley, Norma R Kratochvil, Marie	General duty Visiting Nurse Association, Rochester	Sept 16, 1957 Do
University of Utah College of Nursing, Salt Lake City, Utah Anderson, Glenda J Stevenson, Helen T	Latter Day Saints Hospital, Salt Lake City Clinical instructor, Holy Cross Hospital, Salt Lake City City Health Department, Ogden	Sept 15, 1957 Do Do
Wheeler, Ruth F		
University of Washington School of Nursing, Seattle, Wash Dunn, Rita Palmerton Barbara J	Staff nursing, Spokane Staff nursing, Seattle	June 30, 1957 Do
University of Wisconsin School of Nursing, 424 North Randall Ave, Madison, Wis Gaskell, Jo Ann	Clinical training, University of Wisconsin hospitals Veterans' Administration, Madison Staff duty, university hospitals	Aug 24, 1957 Do Feb 2, 1957
Porter, Emily J Smith, Sonya H		
Wayne University College of Nursing, 5257 Cass Ave, Detroit, Mich Aument, Mary Bartz, Marilyn Boers, Patricia Edwards, Barbara Kazmierczak, Janet Lamont, Alwyn	City Health Department, Detroit do Visiting Nurse Association, Detroit City Health Department, Detroit do do	Nov 9, 1956 Mar 31, 1957 Jan 31, 1957 Mar 31, 1957 Jan 31, 1957 Mar 31, 1957
Western Reserve University, Frances Payne Bolton School of Nursing 2063 Adelbert Rd, Cleveland, Ohio Adams, Jo Anne Aten, Barbara M Huskins, Genell S	Public health nurse, Youngstown, Ohio Visiting Nurse Association, Cleveland, Ohio Staff duty, university hospitals, St. Louis, Mo	July 31, 1957 Do Jun. 15, 1957
Johnston, Beverly J Schnabel, June C	District nurse association, Toledo Staff nurse, Philadelphia, Pa	July 31, 1957 Jan 15, 1957

SUPPLEMENT No 1—Number of individuals awarded public-health traineeships under title I of the Health Amendments Act of 1956, by professional category¹

Professional category	Number of trainees
Physicians	2
Sanitary engineers	3
Sanitarians	6
Laboratory personnel (bacteriologists, immunologists, chemists, etc.)	2
Health educators	8
Nutritionists	1
Dentists	1
Dental hygienists	2
Nonmedical administrators	1
Nurses	1
	44
Total	70

¹ This supplement lists dated Nov 7, 1956, which included 282 individuals

PHYSICIANS

Name	Latest experience	Training institution (school of public health)
Gearing, Francis R.	Research assistant, department of pediatrics, Columbia University	Columbia University
Maloney, Milton C.	Private practice of surgery, Jacksonville, Fla	Do

SANITARY ENGINEERS

Humerickhouse, Marlan Joe	Indiana Flood Control and Water Resources Comm., Indianapolis, Ind	Purdue University
Newton, Charles Delmar Sanger, Lester Alton	Oklahoma State Health Department Lincoln Lancaster County Health Department, Nebraska	University of Texas University of Minnesota School of Public Health

SANITARIANS

Graham, J A B Ibarra, Wilfredo Silvestry	New Mexico Health Department Teacher, Department of Instruction, San Juan, P R	University of Oklahoma University of Puerto Rico School of Public Health
Myers, Leon Harry	Payne County Health Department, Stillwater, Okla	University of Oklahoma
Rhodes, Charles Coulbert, Jr.	Davidson County Health Department, North Carolina	University of North Carolina
Ruschmeyer, Orlando R	Research Fellow, School of Public Health, University of Minnesota	School of Public Health
Talley, Leonard Raynor	Student, University of California School of Public Health, and half-time employee, City of Berkeley Health Department	University of Minnesota School of Public Health University of California School of Public Health

LABORATORY PERSONNEL (BACTERIOLOGISTS, IMMUNOLOGISTS, CHEMISTS, ETC)

Name	Latest experience	Training institution (school of public health unless indicated otherwise)
Pinyan, Dugald Albert	Part-time student, University of Washington (previously Rocky Mountain Laboratory USPHS, Hamilton, Mont)	University of Washington
Wright, Donald Eugene	Chief of laboratory, USAF hospital	Johns Hopkins University

SUPPLEMENT No 1—Number of individuals awarded public-health traineeships under title I of the Health Amendments Act of 1956, by professional category—Continued

HEALTH EDUCATORS

Name	Latest experience	Training institution (school of public health unless indicated otherwise)
Axelrod, Ely	State Department of Public Health, Berkeley, Calif	University of California
Brown, James E	Ashe, Alleghany, Watauga District Health Department, Boone, N C	University of North Carolina.
Burkett, Edgar Monroe	Guilford County Health Department, Greensboro, N C	Do
Coates, Ruth K	Maternity Center Association, New York City	Columbia University
Gailey, Howard Scott	Alamance County Health Department, Burlington, N C	University of North Carolina
Hamilton, Joseph	Student, North Carolina College at Durham	North Carolina College at Durham
Kaplan, Margaret J	Student, University of California School of Public Health	University of California.
Paul, Belsonia Bogatin	Director, social services, Fannie Wall Home, Oakland, and part-time student, University of California School of Public Health	Do
Ross, Sylvia Eavadney	Teacher, high school, Puerto Rico	Yale University

NUTRITIONISTS

Kirschner, Seymour Leon	Medical nutritional laboratory, Fitzsimons Army Hospital, Denver, Colo	Harvard University
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DENTISTS

Johnson, William T	Private practice, Little Rock, Ark	University of North Carolina
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DENTAL HYGIENISTS

Beedle, Jeanne Mary DuBois	St. Paul schools	University of Minnesota (university college).
Giss, Beverly Lily	Employed by a dentist in private practice	University of Michigan.

NONMEDICAL ADMINISTRATOR

Weil, Thomas P	Administrative assistant to consulting ophthalmologist of Army in Europe and 5th General Hospital	Yale University
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Name	Latest experience	Termination of training period under title I
George Peabody College for Teachers, department of public health nursing and education, Nashville, Tenn		
Barker, Mary Ann	Jefferson County Health Department, Birmingham, Ala.	Mar 14, 1957
Barnett, Elsie K	Baptist Hospital, Nashville, Tenn	Do.
Forrester, Alta B	Health and Welfare Department, Fort Worth, Tex.	Aug 19, 1957
McInturff, Dolores A	Davidson County Health Department, Nashville, Tenn	Do.
Robertson, Virginia B	Alcorn County Health Department, Mississippi.	Do
Smith, Jonnie M	County public-health nurse, Cuba, N Mex.	May 29, 1957
Upchurch, Dorothy M	John Gaston Hospital, Nashville, Tenn	Aug 19, 1957

SUPPLEMENT NO 1—Number of individuals awarded public-health traineeships under title I of the Health Amendments Act of 1956, by professional category—Continued

Name	Latest experience	Termination of training period under title I
Simmons College, School of Nursing, 300 The Fenway, Boston, Mass Del Favero, Mary Ann	Staff nurse, St Frances Hospital, Massachusetts	June 6, 1957
Pope, Rita Frances Moran	Staff nurse, Concord (Mass) Visiting Nurse Association	Do
Poirier, Mary C.	Visiting Nurse Association, Cambridge, Mass	Do
Moran, Mary Rose	Chicopee Community Nurses' Association, Massachusetts	Do
University of California School of Nursing, Berkeley, Calif Dupuis, Lenore F.	Children's Hospital, Oakland, Calif	June 5, 1957
Maurello, Josephine M.	St Joseph's Hospital, Burbank Calif	Do
University of Chicago, division of social sciences, nursing education, 5733 University Ave, Chicago, Ill Norling, Lois Ann	Staff nurse, Wesley Hospital, Chicago, Ill	June 8, 1957
University of Colorado Medical Center School of Nursing, 4200 East 9th Ave, Denver, Colo Myers, Mary Elizabeth	Huntington Memorial Hospital, Pasadena, Calif	Aug 23, 1957
University of Minnesota School of Public Health, 1325 Mayo Memorial Bldg, Minneapolis, Minn Engstrom, Dorothy M.	Public-health nurse, St Louis County, Minn	July 20, 1957
Folden, Laura E.	Student	Do
Chapman, Carol J.	Children's Hospital, Minneapolis, Minn	Mar 23, 1957
Goetz, Flora E.	Public-health nurse	July 20, 1957
Groen, Ilene V.	Public-health nurse, Chicago Ill	Do
Izawa, Colleen	General duty, Minneapolis Hospital	June 15, 1957
Kider, Margaret A.	Nurse, St John's Hospital	July 20, 1957
Kronschnabel, Ellen M.	Visiting Nurses Association, Neenah, Minn	Do
Ljungkull, Greta Marlene	Student	Mar 23, 1957
Mandsager, Mirian P.	Staff nurse, University of Minnesota	Do
Pennington, Doris M.	St Barnabas Hospital, Pennsylvania	Do
Snyder, Lila A.	Office nurse	June 15, 1957
Wehrly, Martha E.	Staff nurse	Mar 23, 1957
University of Oregon Medical School, School of Nursing, 3181 Southwest Sam Jackson Park Rd, Portland, Oreg Dotson, Barbara Lee	Operating-room nurse	June 7, 1957
Edwards, Dorothy	Student	Do
Phillips, Martha	Private duty	Do
Riley, Alice	Tricounty health department	Do
Risley, Joan	Special duty	Mar 15, 1957
Simmons, Jeannette	Staff nurse, Lynn County Health Department	June 7, 1957
University of Pennsylvania School of Nursing, 3400 Walnut St, Philadelphia, Pa Boose, Dorothy E.	Visiting Nurses Association, York, Pa	June 8, 1957
Kissinger, Charmaine	Visiting Nurses Association, Philadelphia, Pa	Do
Mitroe, Nancy G.	Visiting Nurses Association of Montgomery County	Do
Shields, Alice V.	Community nursing service	Do
Wayne State University College of Nursing, 5257 Cass Ave, Detroit, Mich Harrison, Kathleen	Health Department, Detroit	(1)
Jackson, Clara	Visiting Nursing Association, Detroit	June 15, 1957
Kekko, Gertrude	Health Department, Detroit	Aug 10, 1957
Minor, Lorraine	do	June 15, 1957
Wheeler, Lois Ann	Visiting Nurses Association, Detroit	Mar 30, 1957
Walker, Cleopatra	Health Department, Detroit	Aug 10, 1957

¹ Field training—to be determined

SUPPLEMENT No 2—Number of individuals awarded public-health traineeships under title I of the Health Amendments Act of 1956 by professional category (from 1957 funds) ¹

Professional category	Number of trainees
Physicians	5
Sanitary engineers	2
Laboratory personnel (including bacteriologists, immunologists, chemists, etc.)	1
Health educators	2
Dental hygienists	1
Nurses	21
Total	32

¹ Supplements lists dated Nov 7, 1956, and Jan 31, 1957, which included 262 and 70 individuals, respectively

NOTE—Delete 1 laboratory personnel (Pinyan) from list dated Jan 31, 1957, and change total from 70 to 69. This makes total of 363 individuals receiving title I traineeships from 1957 fiscal year funds

PHYSICIANS

Name	Latest experience	Training institution
Franck, George Henry	Resident in industrial medicine, Saginaw General Hospital and Chevrolet Grey Iron Foundry, Saginaw, Mich	University of Michigan School of Public Health
Lewis, Charles E.	Chief, Pediatric Service, USAF Hospital, Philippine Islands	Institute of Industrial Health, University of Cincinnati
Pochedly, Carl E.	Intern, Akron General Hospital, Akron, Ohio	Harvard University School of Public Health
Seltzer, Raymond	Assistant Chief, Medical Information and Intelligence Division, USPHS, Washington, D C	Johns Hopkins University School of Public Health
Stine, Oscar G.	Affiliated pediatric resident, Buffalo Children's Hospital, Buffalo, N Y	Do

SANITARY ENGINEERS

Clendenning, William R.	Radiological Health Branch, USPHS, Washington, D C	University of Michigan, College of Engineering
Ewing, Benjamin	Associate professor (part time) University of California, Berkeley, Calif	University of California, College of Engineering

SANITARIANS

Klein, William L.	Transferred to laboratory personnel...
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LABORATORY PERSONNEL (INCLUDING BACTERIOLOGISTS, IMMUNOLOGISTS, CHEMISTS, ETC.)

Anderson, John R	Student, Utah State Agricultural College, Logan, Utah.	University of Wisconsin, Department of Entomology.
Klein, William L	Transferred from sanitarians...	
Pinyan, Dugald Albert	Delete from listing of Jan 31, 1957...	

HEALTH EDUCATORS

Gadsden, Ransom W.	Teacher, Columbia, S C	North Carolina College at Durham.
Pearson, Toby Frank	Student, North Carolina College at Durham	Do

DENTAL HYGIENISTS

Witte, Evelyn J	San Diego County Health Department, San Diego, Calif.	University of Minnesota, School of Public Health
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SUPPLEMENT No 2—Number of individuals awarded public-health traineeships under title I of the Health Amendments Act of 1956 by professional category (from 1957 funds),—Continued

Name	Latest experience	Termination of training period under Title I
Boston College School of Nursing, 126 Newbury St., Boston 16, Mass Foley, Alice M.	General duty, Cambridge, Mass., City Hospital	July 19, 1957
Goff, Joseph H. Muldowney, Ruth A.	Psychiatric nursing, Boston State Hospital Staff nurse, Massachusetts General Hospital, Boston, Mass	July 19, 1957 Mar 22, 1957
George Peabody College for Teachers, department of public health nursing and education, Nashville, Tenn Hadley, Sadie		
Saad, Stella C.	Jefferson County Health Department, Birmingham, Ala	Mar 16, 1957
Marquette University, College of Nursing, 3058 North 51 St., Milwaukee, Wis Eversole, Mrs Mary	Davidson County Health Department, Tennessee	Aug 9, 1957
Simmons College, School of Nursing, 300 The Fenway, Boston, Mass Caldwell, Cynthia F. Cowle, Mrs Evelyn C.	Public-health nurse, Milwaukee, Wis	July 30, 1957
Finks, Mary H. Kingston, Mary E. Nickerson, Pauline Patten, Mary T.	Staff nursing, Keene, N.H. Public-health nursing, Portland, Maine, Health Department School nurse, South Portland, Maine Community nursing, Ansonia-Derby, Conn Private duty, Bremen, Maine School nursing, Hanover, Conn	Sept 6, 1957 Aug 30, 1957 Do Aug 9, 1957 Aug 30, 1957 Aug 9, 1957 June 1, 1957
University of Buffalo, School of Nursing, 3486 Main St., Buffalo, N.Y. Riordon, Mary F.	Professional nursing, Buffalo, N.Y.	
University of Michigan, School of Public Health, department of public health practice, Ann Arbor, Mich Laub, Arlene	Staff nurse, Henry Ford Hospital, Detroit, Mich Veterans' hospital, Ann Arbor, Mich Part-time staff nurse, University Hospital, Ann Arbor, Mich do	June 15, 1957 Do Do Do
Tsuchida, Janice N.		
University of Minnesota, School of Public Health, department of nursing, 1325 Mayo Memorial Bldg., Minneapolis, Minn Chase, Anna Bell	General-duty nurse, Lutheran Hospital, Hot Springs, S.Dak General staff nurse, Midway Hospital, St Paul, Minn PH nurse, Nevada Department of Health	July 20, 1957 June 15, 1957 Aug 9, 1957
Olinger, Normagene.	VNA nurse, York, Pa	June 8, 1957
University of Oregon Medical School, School of Nursing, Portland 1, Ore. Kane, Fern University of Pennsylvania, School of Nursing, Philadelphia, Pa. Burg, Donalene V		

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category

Professional category	Number of Trainees
Physicians	46
Sanitary engineers	34
Sanitarians	40
Laboratory personnel (bacteriologists, immunologists, chemists, etc.)	17
Health educators	58
Nutritionists	11
Medical social workers	5
Dentists	18
Dental hygienists	3
Veterinarians	14
Statisticians	8
Miscellaneous	13
Nurses	262
Total	529

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

PHYSICIANS

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Anduze Mendez, Julio, August 1958 Bentz, Joe D., August 1958...	Medical director, Department of Health, Puerto Rico Medical Officer (P.T.) and Pennsylvania Railroad, Pittsburgh, Pa.	University of Puerto Rico. University of Pittsburgh.
Bartlett, Jay P., June 1958 Brannwell, Edith M., June 1958 Burt, Emma G., June 1958...	Private practice, Ogden, Utah Presbyterian Hospital (intern), New York City TB Sanatorium (staff physician), Olive, Calif.	Harvard University Columbia University University of Michigan
Cohen, Felix, June 1958 Cornely, Donald A., May 1958...	Private practice, Boston, Mass. Clinical Director of Pediatrics, Philadelphia General Hospital, Philadelphia, Pa.	Harvard University Johns Hopkins University
DelaVega, Evelyn T., May 1958 DelaVega, Pedro, September 1958 Donnelly, John H., June 1958 Erickson, George P., June 1958	M.D., University of Maryland, 1956 Housewife since that date Baylor University College of Medicine (resident in neurosurgery) Acting director, Colfax County Health Department, Raton, N. Mex	Do Do
Figuero de Gonzalez, E., June 1958 Gabrielson, Ira W., September 1958 Garb, Allan E., May 1958 ...	Health director, health board, Hibbing, Minn Associate in Pediatrics, University of Puerto Rico, San Juan Assistant director, Johns Hopkins Hospital, Baltimore, Md	University of California University of Minnesota University of Puerto Rico Johns Hopkins University.
Georges, Thomas W., September 1958 Goyne, Richard L., May 1958 Groton, William H., August 1958	Medical resident, Greenwich Hospital, Greenwich, Conn Jefferson Medical College Hospital, Philadelphia, Pa	Columbia University Yale University
Haddad, Fred M., August 1958 Hall, Roberta J., September 1958 Horton, Richard E., August 1958 Howard, Lee M., September 1958 Johnson, Robert R., September 1958 Jones, Roderic O., June 1958	Private practice, Harrisburg, Pa Lemuel Shattuck Hospital, Boston, Mass Private practice, Ansonia, Conn. ... Private practice and public health clinics, St. Marys County, Md Walter Reed Medical Center, Washington, D. C Johns Hopkins Hospital and School of Medicine, Baltimore, Md Carbon Medical Service Association, Dragoon, Utah Private practice, Bradenton, Fla.	Johns Hopkins University, Do Yale University Johns Hopkins University University of Michigan Johns Hopkins University University of California.
Kashgarian, Mark, August 1958 Keeler, William H., September 1958 Keeve, Jack P., September 1958 Kingsland, Lawrence C., June 1958 Lamb, Elizabeth S., September 1958 Lane, Leslie A., June 1958...	Fordham Hospital, New York, N. Y. Connecticut Office of Civil Defense, Hartford, Conn. Private practice, Cheshire, Conn. United States Operations Mission to Pakistan West Haven Veterans Hospital, West Haven, Conn Private practice, Rutherfordton, N. C.	University of North Carolina University of Michigan Yale University Harvard University Yale University University of North Carolina
Levine, Harry H., May 1958 Lichty, John A., June 1958	Associate medical director, Health Insurance Plan of Greater New York Associate professor of pediatrics, University of Colorado, pediatrics consultant, Colorado State Health Department (PT)	Columbia University University of Pittsburgh.
Luker, Frank A., June 1958...	Intern, St. Vincent Charity Hospital, Cleveland, Ohio	Do
Marcus, Edwin L., June 1958	MCH-Wayne County Health Department, Elsie, Mich	University of Michigan
Meyers, Stanley P., May 1958	Henry Martinsville-Parrick health district, Martinsville, Va	Johns Hopkins University
McGowan, Thomas R., May 1958	Motor vessel <i>Hygiene</i> , Alaska Department of Health, Juneau	Do
Menzin, Aaron W., August 1958 Phillips, Julia D., June 1958...	Rotating internship (hospital), University of Wisconsin, Madison Clark-Skamania Health Department, Vancouver, Wash	University of Michigan University of California.
Renteln, Henry A., September 1958 Rosa, Franz W., September 1958	Private practice, Loyalton, Calif. Public health adviser, Iran.	Do. Do.

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

PHYSICIANS—Continued

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Ross-Venning, Laura, June 1958	Private practice, Charlotte, N C	University of North Carolina
Scandrett, Vernon, June 1958	Harlan Memorial Hospital, Harlan, Ky	Tulane University
Selzer, Jadwiga, September 1958	Children's clinic health department, San Francisco, Calif	University of California
Tepper, Leo, June 1958	Director, Chest Hospital, medical center, city of Hope, Calif	Do
Warke, Elizabeth C, June 1958	Intern, Swedish Hospital, Seattle, Wash	University of Michigan
Warner, Arthur L, June 1958	Medical officer PHS, Indian school infirmary, Brigham City, Utah	Harvard University
Worth, Robert M, June 1958	Bureau venereal disease and cancer control, Territorial department of health, Honolulu, T H	Do

SANITARY ENGINEERING

Agardy, Franklin J, June 1958	U S Army Corps of Engineers	University of California (engineering)
Albrecht, Clinton R, August 1958	Harms & Russells, consultant engineers, Glen Burnie, Md	University of Florida (engineering)
Allen, Herbert L, August 1958	Assistant instructor, department CE, University of Tennessee, Knoxville	University of Tennessee (engineering)
Anderson, Dewey R, February 1959	Student, State University of Iowa City, Iowa	State University of Iowa (engineering)
Bellby, Kenneth D, June 1958	Division hospital, Nebraska State Health Department, Lincoln, Nebr	University of Minnesota (School of Public Health)
Ball, John M, September 1958	Student, Clarkson College of Technology, Potsdam, N Y	Purdue University
Blakeney, Billy C, July 1958	Student, Clemson College, Clemson, S C	University of North Carolina (School of Public Health)
Burger, Theodore B, June 1958	Student, Manhattan College, New York City	Massachusetts Institute of Technology
Burns, Theodore T, June 1958	do	Do
Curry, Daroyl R, September 1958	Student, University of Oklahoma, Norman, Okla	University of Texas (engineering)
Dick, Richard I, September 1958	Student, Iowa State College, Ames, Iowa	State University of Iowa (engineering)
Elmore, George R, July 1958	Student, Duke University, Durham, N C	University of North Carolina (School of Public Health)
Heifnerich, Omar K, February 1959	Student, University of Michigan, Ann Arbor, Mich	University of Michigan (engineering)
Hernandez, John W, May 1958	New Mexico State Health Department, Santa Fe, N Mex	Purdue University
Keeley, Jack W, June 1958	Student, University of Oklahoma, Norman, Okla	Harvard University (engineering)
Ledbetter, Joe O, September 1958	Instructor, University of Texas, Austin, Tex	University of Texas (engineering)
Little, John A, September 1958	Student, Georgia Institute of Technology, Atlanta, Ga	Georgia Institute of Technology
McCarty, James C, June 1958	Civil Engineers, Inc, Detroit Mich	University of Michigan (engineering)
McWhorter, Thomas R, September 1958	Student, Georgia Institute of Technology, Atlanta, Ga	Georgia Institute of Technology
Morgan, Olen E, September 1958	United States Food and Drug Administration, Atlanta, Ga	Do
Parenteau, Louis S, June 1958	Colorado State Health Department, Denver, Colo	University of California (Engineering)
Pavia, Richard A, September 1958	Engineer, Ford Motor Co, Chicago, Ill	Illinois Institute of Technology
Pipes, Wesley O, September 1958	Student, University of California, Berkeley, Calif	The Technological Institute, Northwestern University
Pluntze, James C, August 1958	Student, University of Washington, Seattle, Wash	University of Washington (Engineering)
Rambow, Carl A, June 1958	U S Navy, Civil Engineer Corps	California Institute of Technology
Rosario Rivera, Juan B, June 1958	Puerto Rico Development Co, San Juan, P R	University of Puerto Rico, School of Public Health
Schilmeyer, Wilbert H, January 1958	Student, Rutgers University, New Brunswick, N J	Rutgers University (Engineering)
Smith, Don H, August 1958	Student, University of Oklahoma, Norman, Okla	University of Oklahoma (Engineering)
Story, Albert H, August 1958	Student, University of Florida, Gainesville, Fla	University of Florida (Engineering)

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

SANITARY ENGINEERING—Continued

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Ward, John C, May 1958....	Student, University of Oklahoma, Norman, Okla	University of Oklahoma (Engineering).
Wilroy, Robert D, September 1958	Assistant Professor, University of Tennessee, Knoxville, Tenn	Georgia Institute of Technology
Yarbrough, Joseph C, June 1958	North Carolina State Stream Sanitation Commission, Raleigh, N C	University of North Carolina, School of Public Health
Yeatman, Robert L, May 1958	Student, University of Arkansas, Fayetteville, Ark	University of Arkansas (Engineering)
Zanoni, Alphonse E, August 1958	Assistant Instructor, Marquette University of Milwaukee, Wis	University of Minnesota (Engineering)

SANITARIANS

Adams, Bruce D, June 1958 ..	Alaska Department of Health, Juneau, Alaska	University of Minnesota, School of Public Health
Baghott, John A, June 1958 ..	Colorado Department of Agriculture, Denver, Colo	University of California, School of Public Health
Bishop, Gordon C, June 1958	City Health Department, San Antonio, Tex	Tulane University, School of Public Health
Campbell, Raymond O, June 1958	City Health Department, Los Angeles, Calif	University of California, School of Public Health
Cantrell, Joe M, August 1958	Student Southwestern State College, Weatherford, Okla	University of Oklahoma (Sanitation School)
Davis, Harvey F, June 1958	City Health Department, Philadelphia, Pa	University of Michigan, School of Public Health
Dennis, Geo R, July 1958 ..	Lorain County Health Department Oberlin, Ohio	University of North Carolina, School of Public Health
Edis, William A, June 1958 ..	Montgomery County Health Department, Seaside, Calif	University of California, School of Public Health
Gilmore, John M, May 1958 ..	State Health Department, Ada, Okla ..	University of Oklahoma (Sanitation School)
Gordon, Rex B, June 1958 ..	U S Air Force, Travis Air Force Base, Calif	University of California, School of Public Health
Grossman, Lee A, June 1958 ..	Department of Health and Hospitals, Denver, Colo	University of Pittsburgh, School of Public Health
Haettenschwiler, Alphonse A, May 1958	Clinton County Department of Health, Plattsburgh, N Y	Columbia University, School of Public Health
Hanson, George W, June 1958 ..	City Health Department, Fergus Falls, Minn	University of Minnesota, School of Public Health
Hooker, Paul E, June 1958 ..	Division of Health (District), Cassville, Mo	Tulane University, School of Public Health
Hughes, Phillip O, August 1958	Bureau of Food and Drugs, Poplar Bluff, Mo	University of North Carolina, School of Public Health
Hunter, Richard D, August 1958	City Health Department, Akron, Ohio ..	University of Michigan, School of Public Health
King, Roland W, August 1958 ..	Santa Clara Health Department, San Jose, Calif	University of Michigan, School of Public Health
Lees, Leonard J, June 1958 ..	U S Navy, c/o Fleet P O, San Francisco, Calif	University of California at Los Angeles
McGinnis, Jack S, July 1958	Self-employed, farm, Ellenboro, N C ..	University of North Carolina, School of Public Health
Mackanic, George, Jr, June 1958	City Health Department, Los Angeles, Calif	Do
Manji, Harry M, June 1958	U S Army, Korea ..	Do
Matthews, Leslie A, June 1958	Student, University of North Carolina, Chapel Hill, N C ..	University of North Carolina, School of Public Health
Minney, Orval H, September 1958	Denon-Minney Co, Pittsburgh, Pa.....	University of Pittsburgh, School of Public Health
Myklebust, Roy J, August 1958 ..	Jefferson County Health Department, Hillsboro, Mo	University of Michigan, School of Public Health
Nimman, Elmer E, July 1958	Kiowa County Health Department, Hobart, Okla.	Oklahoma University, engineer
Olmsted, Roger O, June 1958	Olympia Health Department, Port Angeles, Calif	Tulane University School of Public Health
Olson, Theo A, August 1958 ..	Teacher Nashwaak High School, Nashwaak, Minn	University of Michigan, School of Public Health
Palomba, Joseph, August 1958 ..	Department of Health and Hospitals, Denver, Colo	Do
Panneton, Paul E, June 1958 ..	Health Department, City of Pittsburgh and Allegheny County, Pa	Do.

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

SANATARLIANS

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Peden, David B , June 1958	Clark County Health Department, Springfield, Ohio	University of California, School of Public Health
Read, Kenneth B , June 1958	State Board of Health, Polson, Mont	Do
Rumion, Howard E , June 1958	Instructor, College of Pacific, Stockton, Calif	Do
Sanders, Johnny R., August 1958	Oklahoma State Health Department, Sulphur, Okla	University of Oklahoma, engineer
Theois, Eugene P , January 1958	Student, University of California, Berkeley, Calif	University of California, School of Public Health
Treusdell, Dale H , June 1958	Maricopa County Health Department, Phoenix, Ariz	Tulane University, School of Public Health
Turcotte, Robert E , July 1958	Mississippi State Board of Health, Jackson, Miss	University of North Carolina, School of Public Health
Vesley, Donald, June 1958	New York State Department of Health, Poughkeepsie, N Y	University of Minnesota, School of Public Health
Voss, Ronald L , June 1958	Lane County Health Department, Eugene, Oreg	Do
Weaver, John A , June 1958	Tri-County Health Department, Aurora, Colo	University of California, School of Public Health
Willett, Thos S , July 1958	City County Health Department, Helena, Mont	University of North Carolina, School of Public Health

LABORATORY PERSONNEL (INCLUDING BACTERIOLOGIST, IMMUNOLOGIST, CHEMIST, ETC)

Bailey, Vernon M , May 1958	United States operations mission to Iraq	Columbia University, School of Public Health
Dexter, Joan J , September 1958	St Joseph Hospital, Kansas City, Mo	University of California, School of Public Health
Downey, Mary M , August 1958	do	Do
Drinker, Philip A , June 1958	R A Taft Sanitary Engineer Center, Cincinnati, Ohio	Massachusetts Institute of Technology
Hamblet, Fred E , June 1958	Plum Island Animal Disease Laboratory, Greenport, Long Island, N Y	University of North Carolina, School of Public Health
Kissinger, David G , June 1958	Research assistant University of Maryland, College Park, Md	University of California, School of Public Health
Larson, Vivian M , June 1958	City Health Department, Detroit, Mich	University of Michigan, School of Public Health
McKelvey, John W , September 1958	National Lead Company of Ohio, Cincinnati, Ohio	University of Cincinnati, Institute of Industrial Health
McKissick, Jack E , September 1958	State Department of Health, Oklahoma City, Okla	University of Oklahoma, engineer
Moore, Douglas G , August 1958	State Health Department, Nashville, Tenn	Vanderbilt University
O'Brien, Joseph E , June 1958	State Health Department Experiment Station, Lawrence, Mass	Massachusetts Institute of Technology
Prato, Catherine M , June 1958	City-County Department of Health, San Francisco, Calif	University of California, School of Public Health
Reich, William N , September 1958	Walnut Creek-Lafayette Laboratory, Walnut Creek, Calif	Do
Ruschmeyer, Orlando R , June 1958	Student, School of Public Health, University of Minnesota, Minneapolis, Minn	University of Minnesota, School of Public Health
Smith, Lee W , September 1958	USPHS-CDC unit, Greeley, Colo	University of Pittsburgh, School of Public Health
Smith, R C , June 1958	Tennessee Valley Authority Wilson Dam, Ala	Do
Woodward, Betty M , June 1958	Board of Health, Honolulu T H	Tulane University, School of Public Health
Sanitary chemists		

HEALTH EDUCATORS

Amis, Lillian F , August 1958	Health instructor, high school, Carrollton, Ga	North Carolina College at Durham
Babcock, Barbara V , June 1958	City Health Department, Philadelphia, Pa	Yale University, School of Public Health
Banks, Emmett L , August 1958	Teacher, elementary school, Chatham, Va	University of Michigan, School of Public Health

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

HEALTH EDUCATORS—Continued

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Bartlett, Jack F., September 1958	Unalakleet School, BIA, Unalakleet, Alaska	University of California, School of Public Health
Bear, Willis W., September 1958	Health area office, Aberdeen, S. Dak.	Do
Braden, Max W., September 1958	Klamath Falls Health Department, Klamath Falls, Oreg.	Do
Bristow, Darlene, August 1958	Food and Drug Administration, Washington, D. C.	University of Michigan, School of Public Health
Bryant, Margaret J., August 1958	Teacher, Horton High School, Pittsboro, N. C.	North Carolina College at Durham
Brezinski, Irene, June 1958	Dental assistant, private practice, Milwaukee, Wis.	University of Minnesota, School of Public Health
Burnett, Zaron W., August 1958	Teacher, high school, Blairs, Va.	University of Michigan, School of Public Health
Byrd, Wm C., August 1958	Teacher, high school, Titusville, Fla.	University of North Carolina, School of Public Health
Campbell, Donald A., August 1958	Teacher, high school, Minerva, Ohio	University of Michigan, School of Public Health
Clos, Marjorie C., September 1958	Louisville-Jefferson City Health Department, Louisville, Ky.	University of Minnesota, School of Public Health
Covitz, Martin B., September 1958	State Health Department, Berkeley, Calif.	University of California, School of Public Health
Cox, Rosemond H., August 1958	Student, North Carolina College, Durham, N. C.	North Carolina College at Durham
Davis, Jasper B., June 1958	Assistant county agent, Cleveland, Miss.	University of Michigan, School of Public Health
Farris, Jefferson D., August 1958	State Board of Health, Little Rock, Ark.	University of Michigan, School of Public Health
Ferguson, Donald, June 1958	TB Institute of Chicago and Cook County, Chicago, Ill.	University of Michigan
Forrest, Ruth F., September 1958	Student, Sacramento State College, Sacramento, Calif.	University of California, School of Public Health
Gonzales Marrero, Jose R., July 1958	Department of Education, Puerto Rico, San Juan, P. R.	University of Puerto Rico, School of Public Health
Hales, William L., August 1958	Anti TB League, Norfolk, Va.	University of North Carolina, School of Public Health
Hance, Francis B., June 1958	State Board of Health, Raleigh, N. C.	Do
Hays Linda L., September 1958	State Department of Health, Louisville, Ky.	Harvard University, School of Public Health
Henry, Muriel, September 1958	Blue Cross, Chicago, Ill.	University of California, School of Public Health
Herzog, William T., August 1958	City Health Department, Peoria, Ill.	University of North Carolina, School of Public Health
Hinchliffe, John, June 1958	City Health Department, Cincinnati, Ohio	Yale University, School of Public Health
Holder, Lee, September 1958	City of Oakland, Calif.	University of California, School of Public Health
Horine, Emmet F., September 1958	WHO, New Delhi, India	Yale University, School of Public Health
Iralu, Testa Z., August 1958	University of North Carolina, Chapel Hill, N. C.	University of North Carolina, School of Public Health
Johnson, Julia A., August 1958	State Department of Health, Louisville, Ky.	Do
Kershaw, E. C., September 1958	Texas Southern University, Houston, Tex.	Harvard University, School of Public Health
Kinnerney, Mary I., July 1958	Health Association of Rochester and Monroe Counties, Rochester, N. Y.	Yale University, School of Public Health
Ladns, Harry, September 1958	Eastern Washington College, Cheney, Wash.	University of California, School of Public Health
Lopez-Zapata, Carmen M., August 1958	School teacher, Cabo Rojo, P. R.	University of North Carolina, School of Public Health
McCord, William J., August 1958	Teacher, Manning High School, Manning, S. C.	Do
Maisel, George S., August 1958	State Board of Health, Mobile, Ala.	Do
Meehan, Frank G., August 1958	Health Center, North Arlington, N. J.	Do
Mico, Paul R., September 1958	State Department of Public Health, Cheyenne, Wyo.	University of California, School of Public Health
Montgomery, Shirley L., September 1958	Research technician, Yale University, New Haven, Conn.	Yale University, School of Public Health
Myhre, Ralph D., September 1958	Teacher, city school, Tulare, Calif.	University of California, School of Public Health
Nishimura, Midori, September 1958	County Health Department, Los Angeles, Calif.	University of Minnesota, School of Public Health

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

HEALTH EDUCATORS—Continued

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Paley, Martin A, September 1958	County Bureau of Public Assistance, Los Angeles, Calif	University of California, School of Public Health
Pollard, Gertrude J, August 1958	Associate home demonstration agent, Bolivar Co, Cleveland, Miss	North Carolina College at Durham
Privette, Onnie L, August 1958	Maryland Agricultural Extension Service Rockville, Md	University of Michigan, School of Public Health
Russell, Randa D, September 1958	Teacher, Agricultural and Technical College of North Carolina, Greensboro, N C	University of Minnesota, School of Public Health
Rutledge, Philip J, August 1958	City Department of Health, Detroit, Mich	University of Michigan, School of Public Health
Sandmann, James F, August 1958	Montgomery County TB and Health Association, Dayton, Ohio	Do
Sicuro, Natale A, August 1958	Student, Kent State University, Kent, Ohio	University of North Carolina, School of Public Health
Simons, Robert M, August 1958	Harrison Clarksburg Health Department, Clarksburg, W Va	University of Michigan, School of Public Health
Smith, Franklin L, September 1958	Teacher, high school, Roseburg, Oreg	University of Minnesota, School of Public Health
Sotomayer, Sylvia, August 1958	Social programs administration, department of agriculture and commerce, Santurce, P R	University of Michigan, School of Public Health
Stacey, Dorothy J, September 1958	Division of International Health, USPHS, Washington, D C	University of California
Staford, Frank S, September 1958	Teacher, Covina Union Health Service District, Covina, Calif	University of California, School of Public Health
Stephens, Dean H, August 1958	USPHS, Division of Industrial Health, subarea office, Albuquerque, N Mex	University of North Carolina School of Public Health
Terry, Doris E, August 1958	Teacher, University of Maryland, College Park, Md	Do
Tsutsumida, Cherry Y, September 1958	State Health Department, Phoenix, Ariz	University of California, School of Public Health
Whaley, Russell F, June 1958	State Charities Aid Association, Bear Mountain, N Y	University of Michigan, School of Public Health
White, Charles B, September 1958	USPHS, Division of Industrial Health, Phoenix, Ariz	University of California, School of Public Health

NUTRITIONISTS

Boyles, Lois May, August 1958	Columbia Hospital, Milwaukee, Wis ...	University of Tennessee, nutrition department.
Byrd, Mary E, August 1958	Alamance Co Health Department, Burlington, N Dak	Do
Engle, Judith E, June 1958	Lever Brothers Co, Park Ave, New York, N Y	Teachers College, Columbia University
Goosseens, Lilyan M August 1958	Temple Hospital, Los Angeles, Calif	University of California, School of Public Health
Harrington, Ann P, July 1958	Health Department, New York, N Y	Columbia University, School of Public Health
Koehler, Ruth E, August 1958	Clinical Center, NIH, Bethesda, Md	Harvard University, School of Public Health
Rogers, Rebecca P, August 1958	Watts Hospital, Durham, N C	University of Michigan, School of Public Health
Rundquist, Ardyce L, August 1958	National Institutes of Health, Bethesda, Md	University of California, School of Public Health.
Stokdyk, Virginia F, August 1958	University of California Hospitals, Berkeley, Calif	Do
Talaraski, Irene L, June 1958	American Red Cross, Montclair, N J	Teachers College, Columbia University
Zaragoz, Olga, August 1958	Department of Health, Public Health District, Ponce, P R	University of Michigan, School of Public Health

MEDICAL SOCIAL WORKERS

Foehrenbach, Arthur, August 1958	New York State Department of Health, Albany, N Y	Harvard University, School of Public Health
Kagan, Morris, September 1958	Kanawha-Charleston Health Department, Charleston, W Va	University of Minnesota, School of Social Work
Palmiere, Darwin, August 1958	Community Welfare Council, Dayton, Ohio	University of Michigan, School of Public Health
Robinson, Arlene M, August 1958	Massachusetts Department of Public Health, Boston, Mass	Harvard University, School of Public Health
Watkins, Elizabeth L, August 1958	Anne Arundel County Health Department, Annapolis, Md	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

DENTISTS

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Bronstein, Edward June 1958	Connecticut State Department of Health, West Hartford, Conn	Yale University, School of Public Health
Cogan, Myles I, June 1958 ..	University of Texas Dental Branch, Houston Tex	University of Michigan, School of Public Health
Collier, Durward R, June 1958	Tennessee Department of Public Health, Jackson, Tenn.	Do
Coms, Naham C, August 1958	U S Air Force Dispensary, APO 197, New York, N Y	Columbia University School of Public Health
Crocker, George L, August 1958	Private practice, Ossego, Mich	University of Michigan, School of Public Health
Della-Gustina, V, June 1958	Student, Loyola School of Dentistry, New Orleans, La	Tulane University School of Public Health
Dodelson, Donald, August 1958	Private practice, Mount Kisco, N Y....	Columbia University, School of Public Health
Duteil, Victor M, August 1958	Bureau of Oral Hygiene, Department of Public Health, Hato Rey, P R	University of Puerto Rico, School of Public Health
Hughes, John T, June 1958	North Carolina State Board of Health, Raleigh, N C	University of North Carolina, School of Public Health
McKissack, William E, June 1958	Tennessee State Health Department, Jackson, Tenn	University of Michigan, School of Public Health
Maloof, Edward C, June 1958	Instructor, Tufts University, Boston, Mass	Harvard University School of Public Health
Manny, James D, August 1958	Private practice, Lakewood, Ohio.....	University of Michigan, School of Public Health
Meader, Steven M, June 1958	Kentucky Department of Health, Louisville, Ky	University of Pittsburgh, School of Public Health
Miller, Sidney L, June 1958 ..	Alabama State Health Department, Montgomery, Ala	University of Michigan, School of Public Health
Peterson, Lee E, June 1958	Private practice, Windom, Minn.	Do
Soricelli, David A, June 1958.	U S Public Health Service, Indian Health Service, Taos, N Mex	Harvard University School of Public Health
Thompson, Robert H, May 1958.	Private practice, Linden, N J ..	Columbia University School of Public Health
Wallace, David R, June 1958.	Virginia Department of Health, Richmond, Va	University of North Carolina, School of Public Health
Brine, Pauline F, August 1958	Melrose School Department, Melrose, Mass	University of North Carolina, School of Public Health
Decker, Phyllis, August 1958	Anne Arundel County, Health Department, Annapolis, Md	Do
Ellerby, Helen, August 1958	Michigan Department of Health, Lansing, Mich	University of Michigan, School of Public Health

VETERINARIANS

Botts, Robert P, June 1958 ..	Student—University of Missouri, School of Veterinary Medicine, Columbia, Mo	Tulane University, School of Public Health
Casey, Harold W, June 1958	do	Do
Cl. & Frank B June 1958	Allegheny County Health Department, Pittsburgh, Pa	University of Pittsburgh, School of Public Health
Doran, Harry G, June 1958	Georgia Department of Agriculture, Atlanta, Ga.	University of North Carolina, School of Public Health
Gahagan, Bernard J, June 1958.	Wayne County Health Department, Elsie, Mich	University of Michigan, School of Public Health
Heldelbaugh, Norman D, June 1958.	United States Air Force, Myrtle Beach, S C	Tulane University, School of Public Health
Hughes, Roy H August 1958	Valley Veterinary Hospital, Phoenix, Ariz.	Do
Kemp, G E, June 1958 ..	Private practice, Palestine, Ill ..	University of California, School of Public Health
Larson, Harvard E, June 1958	Department of Health and Hospitals, Denver, Colo	Tulane University, School of Public Health
Martin, George A, June 1958	Texas State Department of Health, Austin, Tex	University of Minnesota, School of Public Health
Olsen, Carl D, June 1958	Private practice, Kewaunee, Wis	Do
Russell, Leon H, August 1958	United States Department of Agriculture, Jefferson City, Mo	Tulane University, School of Public Health
Thompson, Wayne H, June 1958.	Private practice, Earlville, Iowa	University of Minnesota, School of Public Health
Vangieeon, Val C, June 1958	Private practice, Wixom, Mich	University of Michigan, School of Public Health

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

STATISTICIANS

Name and termination of training period under title I	Latest experience	Training institution (school of public health)
Blom, William L, August 1958	New York State Department of Mental Hygiene, Albany, N Y	University of Michigan, School of Public Health Do
Bosshart, Janet M, June 1958	City Department of Health, Detroit, Mich	
Hazelwood, Eulalia J, June 1958	Tennessee Department of Public Health, Nashville, Tenn	University of North Carolina, School of Public Health
Hoff, Margaret B, September 1958	Eric County Health Department, Buffalo, N Y	Johns Hopkins University, School of Public Health
Losee, Marshall, May 1958	New York State Department of Health, Albany, N Y	Columbia University, School of Public Health
Morrone, Frank A, June 1958	Rhode Island State Department of Health, Providence, R I	University of Michigan, School of Public Health
Sheehe, Paul R, September 1958	Roswell Park Memorial Institute, Buffalo, N Y	University of Pittsburgh, School of Public Health
Small, Lawrence, May 1958	New York Department of Health, Albany, N Y	Columbia University, School of Public Health

MISCELLANEOUS

Battistella, Roger M, June 1958	Student, University of Michigan, School of Public Health, Ann Arbor, Mich	University of Michigan, School of Public Health
Colasuonno, Thomas M, September 1958	Oregon State Board of Health, Portland, Oreg	University of California, School of Public Health
Davids, Donald J, June 1958	State Health Department, Des Moines, Iowa	University of North Carolina, School of Public Health
Goldfarb, Allan, September 1958	Veterans' Administration, Baltimore, Md	Johns Hopkins University, School of Public Health
Hungerford, D A, June 1958	Idaho Tuberculosis Association, Boise, Idaho	University of California, School of Public Health
Katz, Jacob, June 1958	United Community Services, Boston, Mass	Harvard University, School of Public Health
Mattson, Phyllis F, June 1958	State Department of Public Health, Berkeley, Calif	Do
Polk, Robert L, June 1958	Physical Therapy Clinic, Minneapolis, Minn	University of Minnesota School of Public Health
Russell Harold E, June 1958	Department of Public Health, Washington, D C	Harvard University, School of Public Health
Smith, Robert G, August 1958	North Carolina Tuberculosis Association, Raleigh, N C	University of North Carolina, School of Public Health
Stein, Lloyd R, May 1958	Nassau County Department of Health, Garden City, N Y	Columbia University, School of Public Health
Walkowiak, Henry V, June 1958	Student, University of Michigan, School of Public Health, Ann Arbor, Mich	University of Michigan, School of Public Health
Westcott, John R, June 1958	do	Do

Name	Latest experience	Termination of training period under title I
Boston College School of Nursing, 126 Newbury St, Boston 16, Mass		
Bibeault, Theressa E	Hartford Hospital, Hartford, Conn	Aug 8, 1958
Cantall, Dorothy M	Broward County Health Department, Florida	Do
Cardon, Jeanne A	Providence District Nursing Association, Providence, R I	Do
Clasby, Anne I	Boston City Hospital, Boston, Mass	Do
Curran, Sheila A	Rhode Island Hospital, Providence, R I	Mar 12, 1958
Ferriter, Helen C	United States veterans hospital, Northampton, Mass	Aug 8, 1958
Fitzgerald, Loretta	Worcester City Hospital, Worcester, Mass	Do
Grollmund, Bernice	Veterans Administration hospital, Northampton, Mass	Do
Hughes, Patricia M	St Elizabeth's Hospital, Brighton, Mass	Mar 12, 1958
Mercier, Helen K	Chicopee Visiting Nurse Association, Chicopee, Mass	Aug 8, 1958
Moran, Helen A	Visiting Nurse Association, Boston, Mass	Do
O'Toole, Louise D	do	Do
Tetreault, Estelle A	Office nurse, general surgeon, Pawtucket, R I	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
Boston University School of Nursing, 264 Bay State Rd., Boston, Mass. Heath, Beverly Summers	Private duty, central directory, Boston, Mass Metropolitan State Hospital, Waltham, Mass	Aug 23, 1958 Do
Koundakjian, Lizabeth		
Catholic University School of Nursing Education, 3800 Brooklyn Avenue NE, Washington 17, D C Arnold, Catherine Butler, Mary D.	Woodland City Schools, Woodland, Calif. Visiting Nurse Association, Wilmington, Del	July 26, 1958 Do
Canty, Ruth M.	Bridgeport Visiting Nurse Association, Bridgeport, Conn	Aug 8, 1958
Hill, Lucille V	County Health Department, Atlanta, Ga.	Do
Hudert, Maureen R	St Ann's Hospital, Juneau, Alaska	July 26, 1958
Landry, Ann B	Camp Gregory, Dry Hills, Maine	Do
McIntire, Jeannette E	Alexandria Health Department, Alexandria, Va	Aug 8, 1958
Mock, Teresa	Escambia Hospital, Pensacola, Fla	July 26, 1958
O'Neill, Sally A	Rochester General Hospital, Rochester, N Y	Do
Urcsek, Loretta M	D G General Hospital, Washington, D C	Aug 8, 1958
Columbia University Teachers College, division of nursing education, 525 West 120th St., New York, N Y Guttenplan, Frieda Hafner, Corinne S	Visiting Nurse Service, New York, N Y Trumbull Public Health Office, Trumbull, Conn	May 31, 1958 Aug 31, 1958
Kirby, Marie T	New York City Department of Public Health	May 29, 1958
Ramos, Luis F	American Red Cross	May 31, 1958
Taylor, Elizabeth A	Teachers College, Columbia University	Do
Zuckerman, Frieda G	Newark Division of Health, Newark, N J	Aug 31, 1958
Duquesne University School of Nursing, 801 Bluff St., Pittsburgh 19, Pa Dugan, Ruth A Solsky, Katherine	St Margaret's Hospital, Pittsburgh, Pa Allegheny County Health Department, Pittsburgh, Pa.	May 31, 1958 May 16, 1958
Emory University, department of nursing, Emory University, Ga Wrigley, Margaret H	Georgia Department of Health, Atlanta, Ga	Aug 22, 1958
George Peabody College for Teachers, department of public health nursing education, Nashville 4, Tenn. Andrews, Marjorie	Vanderbilt University Hospital, Nashville, Tenn	Dec 14, 1957
Barker, Mary A	Jefferson County Health Department, Birmingham, Ala.	Mar 13, 1958
Barnett, Blaile K	Baptist Hospital, Nashville, Tenn	Mar 15, 1958
Bates, Billie C	do	June 1, 1958
Branda, Joy M	Spencer County Health Department, Kentucky	May 30, 1958
Cerman, Clara O	City Health Department, Little Rock, Ark.	Aug. 13, 1958
Clark, Joanne	St Thomas Hospital, Nashville, Tenn	Do
Clarkson, Lois	Private duty, Portsmouth, Va	May 30, 1958
Cline, Dorothy H	Greenwood County Health Department, Greenwood, S C	Aug 13, 1958
Crawford, Clandyne	Bay Memorial Hospital, Panama City, Fla	Do
Duncan, Earlene	David Lipscomb College, Nashville, Tenn	May 30, 1958
Eldred, Evelyn	Harding College Health Center, Searcy, Ark.	Do
Fehner, Ann	Clay County Health Department, Manchester, Ky	Do
Gasaway, Mary L	County Health Department, Harrisburg, Ill	May 31, 1958
Hart, Doris M	Quadril County Health Department, Golconda, Ill	Aug 16, 1958
Ingle, Vera J	Fulton County Health Department, Atlanta, Ga	Do
McInturf, Dolores	Davidson County Health Department, Nashville, Tenn	Dec. 14, 1957
Martine, Frances	Ascension Parish Health Department, Donaldsonville, La	Aug 13, 1958
Miller, Mary V	Allegheny General Hospital, Pittsburgh, Pa	Aug 16, 1957
Moody, Eunice	Veterans Administration Hospital, Richmond, Va	June 1, 1958

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
George Peabody College—Continued Nash, Billie O.....	City Health Department, North Little Rock, Ark	Aug 13, 1958
O'Leary, Mary.....	Taos County Health Department, Taos, N Mex	Do
Randall, Dorothy B.....	Hardin County Health Department, Savannah, Tenn	Do
Robertson, Virginia.....	Alcorn County Health Department, Mississippi	Mar 13, 1958
Saad, Stella.....	Davidson County Health Department, Nashville, Tenn	Dec 14, 1957
Taylor, Irma.....	Visiting Nurse Association, Tampa, Fla	Aug 13, 1958
Tucker, Genevieve.....	Lewis County Health Department, Monticello, Mo	Do
Upchurch, Dorothy.....	John Gaston Hospital, Memphis, Tenn	Dec 14, 1957
Walden, Hilda.....	Dalton-Whitfield County Health Department, Dalton, Ga	May 30, 1958
Hunter College of the city of New York, department of nursing education, 695 Park Ave, New York 21, N Y Connally, Roseline C.....	Montefiore Hospital, New York N Y	June 3, 1958
Feldman, Sylvia.....	Central Medical Group of Brooklyn, Brooklyn, N Y	Do
Kerkera, Rose R.....	Memorial Hospital, New York, N Y	Do
Mayette, Nancy J.....	New York Hospital, New York, N Y	Aug 15, 1958
Monk, Darline.....	Grasslands Hospital, White Plains, N Y	Jan 18, 1958
Powell, Retha M.....	Veterans' hospital, Bronx, N Y	Do
Rossi, Betty L.....	Topeka Medical Center, Topeka, Kans	Do
Incarnate Word College, department of nursing education, 4301 Broadway, San Antonio, Tex Johnson, Ellen M.....	City Health Department, San Antonio, Tex	July 25, 1958
Indiana University, division of nursing education, Bloomington, Ind Bell, Clara A.....	St Anthony's Hospital, Terre Haute, Ind	Aug 1, 1958
Krider, Phyllis L.....	General nursing, Indiana University, Bloomington, Ind	Jan 24, 1958
Lehman, Hilda E.....	Student Health Center, Indiana University, Bloomington, Ind	Aug 8, 1958
Loyola University School of Nursing, department of public health nursing, 820 North Michigan Ave, Chicago 11, Ill Gray, Barbara.....	Board of Health, Chicago, Ill	Apr 30, 1958
Larson, Romayne H.....	Visiting Nurse Association, Evanston, Ill	May 31, 1958
Siegwart, Chiao L.....	Private duty, Hillside, Ill	Apr 30, 1958
Wood, Jean M.....	Board of Health, Chicago, Ill	Dec 31, 1957
Marquette University, College of Nursing, public health nursing, 3058 North 51st St, Milwaukee 10, Wis Liska, Sharon Lee.....	Mount Sinai Hospital, Chicago, Ill	July 30, 1958
Migaud, Dorothy A.....	Camp Menominee for Boys, Eagle River, Wis	Do
Moe, Rachael M.....	Veterans' Administration hospital, Albuquerque, N Mex	Do
Rabbon, Ruffina L.....	Lanai Community Hospital, Lanai City, Lanai, T H	Do
Remmel, Mary L.....	Visiting Nurse Association, Milwaukee, Wis	Do
Wernimont, Kathleen M.....	St Anthony Hospital, Carroll, Iowa	Do
New York University, School of Education, department of nurse education, Washington Square, New York 13, N Y Brown, Lavinia.....	VNA of the Oranges and Maplewood, Orange, N J	May 17, 1958
Bradley, M. K.....	Booth Memorial Hospital, Flushing, N Y	July 18, 1958
Goldberg (Robbins), Roberta M.....	Belleview Hospital, New York, N Y	May 17, 1958
Hooke, Margaret M.....	Department of Health, 125 Worth St, New York, N Y	Sept 5, 1958
Komar, Minna M.....	Visiting Nurse Association, Brooklyn, N Y	Do
Norton, Dian E.....	Municipal Hospital Center, Bronx, N Y	Aug 8, 1958
Scofield, Jean.....	Stamford Hospital, Stamford, Conn	Sept 5, 1958
Wilson, Ruth.....	Greenwich Public Health Nursing Service, Greenwich, Conn	May 17, 1958
Wood, Teresa.....	Department of Health, 125 Worth St, New York, N Y	Do
North Carolina College at Durham, Department of Public Health Nursing, Durham, N C Burch, Loretta M.....	Marion County Health Department, Monroe, N C	Aug 8, 1958

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
The Ohio State University, School of Nursing, Columbus 10, Ohio Fox, Elizabeth	Columbus Public Health Nursing Service, Columbus, Ohio White Cross Hospital, Columbus, Ohio University Hospital, Columbus, Ohio	Dec 20, 1957 June 18, 1958 Do
McFarland, Joan G. Morofka, Viola J.		
Rutgers, The State University, Department of Nursing Education, 40 Rector St., Newark 2, N. J. Burgess, Margaret E.	Montclair Hospital, Montclair, N. J.	May 31, 1958
St. John's University, School of Nursing Education, 96 Schermerhorn St., Brooklyn 1, N. Y. Murray, Agnes M.	Department of Health, New York City, N. Y. Visiting Nurse Service, New York, N. Y. Private duty, Tacoma, Wash.	June 30, 1958 Do Aug 30, 1958
O'Shea, Patricia M. Seattle University, School of Nursing, 900 Broadway, Seattle, Wash Bashey, Susan F.		
Seton Hall University, School of Nursing, Newark 2, N. J. Kavanaugh, Clair Ann	Englewood Hospital School of Nursing, Englewood, N. J. Paterson General Hospital, Paterson, N. J. Board of Health, Board of Education, Winfield, N. J. Board of Education, South Orange and Maplewood, South Orange, N. J	Aug 8, 1958 June 7, 1958 Aug 8, 1958 Do
Simmons College, School of Nursing, 300 The Fenway, Boston 15, Mass Assarian, Gladys A.	Visiting Nurse Association, Springfield, Mass Elliott Community Hospital, Keene, N. H. Visiting Nurse Association, Farmington, Conn Visiting Nurse Association, Boston, Mass Visiting Nurse Association, Framingham, Mass	June 4, 1958 Jan 30, 1958 Aug 2, 1958 Aug 9, 1958 Do
Caldwell, Cynthia F. Cyr, Lucille		
Donnelly, Carol Drew, (Mrs.) Louise J.		
Hurlbert, Ann S. Johnson, Noreen A.	Sharon Hospital, Sharon, Conn District Nursing Association, Portland, Maine Visiting Nurse Association of New Britain, Conn	Sept 10, 1958 June 4, 1958 Do
Lyon, Mary Lou.	Springfield Hospital, Springfield, Mass Visiting Nurse Association, Southbridge, Mass	Do Aug 30, 1958
Ryan, Elinor A. Swirbli, Barbara E.		
State University of New York, Upstate Medical Center, Department of Public Health Nursing, 766 Irving Ave., Syracuse 10, N. Y. Anderson, Marjorie A. Parker Heider, June A. McCormick, Joe H. Maggio, Catherine D. Millard, Corinne A. Stoner, Doris M. Thurston, Sylvia J. Tojowski, Dorothy L.	Visiting Nursing Association, Albany, N. Y Visiting Nurse Association, Utica, N. Y. Veterans' Administration, Bath, N. Y. Oneida County Hospital, Utica, N. Y. Office nurse, Syracuse, N. Y. E. J. Noble Hospital, Alexandria Bay, N. Y. Auburn Memorial Hospital, Auburn, N. Y. Syracuse Memorial Hospital, Syracuse, N. Y	Aug 8, 1958 Do Do May 30, 1958 Aug 8, 1958 Do Do Sept 12, 1958
Vanderbilt University School of Nursing, Department of Public Health Nursing, Nashville 5, Tenn. Beale, Georgia	West Chester Visiting Nursing Association, West Chester, Pa.	Dec 14, 1957
Human, Lillian S.	East Tennessee Children's Hospital, Knoxville, Tenn	Aug 28, 1958
Wayne State University College of Nursing, Detroit 2, Mich. Baker, Dorothy L.	Detroit Department of Health, Detroit, Mich do Macomb County Health Department, Mount Clemens, Mich Department of Health, Detroit, Mich Visiting Nurse Association, Detroit, Mich Department of Health, Detroit, Mich	Nov 8, 1957 Aug 1, 1958 Mar 28, 1958 Aug 1, 1958 Mar 28, 1958 June 7, 1958
Carrow, Patricia J. Flue, Marjorie Ann		
Herfurth, Irene L. Pitton, Doris Y. Woods, Eleanor E.		

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
Western Reserve University, Frances Payne Bolton School of Nursing, 2063 Adelbert Rd., Cleveland 6, Ohio		
Clark, Jostie	Student, University of Toledo, Toledo, Ohio	July 26, 1958
Coleman, Carolyn L.	University Hospitals, Cleveland, Ohio	June 7, 1958
Daiziel, Norma	do	Do
Dowling, Patricia	do	Do
Hubbard, Frances E.	Sage Memorial Hospital, Ganado, Ariz.	July 26, 1958
Rea, Margaret E.	Visiting Nurse Association of Eastern Montgomery County, Abington, Pa.	June 7, 1958
Spohn, Janice L.	Visiting Nurse Association, Cleveland, Ohio	Do
Tryon, Florence H.	St. Luke's Hospital, New York, N.Y.	Do
University of Alabama, School of Nursing, University, Ala.	Houston County Health Department, Dothan, Ala.	Aug 23, 1958
University of Buffalo, School of Nursing, 3436 Main St., Buffalo, N.Y.		
Irons, Isle L.	Roswell Park Memorial Institute, Buffalo, N.Y.	May 31, 1958
Kirkpatrick, Lucille S.	Thomas Indian School, Iroquois, N.Y.	Do
University of California, School of Nursing, Berkeley 4, Calif.		
Dupuis, Theresa A.	Children's Hospital of East Bay, Oakland, Calif.	
Forseilles, Frieda E.	Nurse's Official Registry of Alameda County, Inc., Oakland, Calif.	Jan. 30, 1958
Maurello, Josephine M.	St. Joseph's Hospital, Phoenix, Ariz.	June 12, 1958
Spence, Inez G.	Foreign Mission Board of Southern Baptist Convention, Richmond, Va.	Nov 15, 1957
Steiner, Ruth	Children's Hospital of East Bay, Oakland, Calif.	Jan. 30, 1958
Wilson, Edith J. C.	Private duty, Oakland, Calif.	Do
University of California at Los Angeles School of Nursing, University of California Medical Center, Los Angeles, Calif.		Nov 15, 1957
Earle, Mary Evelyn	Crenshaw Hospital, Los Angeles, Calif.	June 5, 1958
Elias, Doris A.	Children's Hospital, Los Angeles, Calif.	Do
Fessier, Helen M.	California State Unemployment Office, Stockton, Calif.	Do
Finley, Mary F.	Los Angeles County General Hospital, Los Angeles, Calif.	Do
Ivey, Zane	Oklahoma TB Association, Oklahoma City, Okla.	Do
King, Wanda Lee	Office nurse, Concord, Calif.	Do
Long, Ruth C.	Visiting Nurse Association, Los Angeles, Calif.	June 8, 1958
Mathewson, Helen B.	Alhambra Foundry Co. (office nurse), Alhambra, Calif.	June 5, 1958
Reyes, Sheryl B.	Orange County General Hospital, Orange, Calif.	Do
Roden, Jean A.	Sacred Heart Hospital, Spokane, Wash.	Do
Severin, Betty R.	Office nurse, Los Angeles, Calif.	Do
Weeks, Marilyn D.	Veterans' Administration Center, Los Angeles, Calif.	Do
The University of Chicago Committee on Nursing Education, 5733 University Ave., Chicago, Ill.	Methodist Hospital, Indianapolis, Ind.	June 18, 1958
Hollingshead, Mary E.		
University of Colorado School of Nursing, 4200 East 8th Ave., Denver, Colo.		
Houghton, Rita Claire	Harding County Health Department, Mesquero, N.Mex.	Aug 13, 1958
Pederson, Andre A.	Montana Public Health District No. 1, Forsyth, Mont.	Do
Smith, Kathleen D.	St. Luke's Hospital, Denver, Colo.	Do
Thurston, Jo Ann	Memorial Hospital, Colorado Springs, Colo.	Do
Willingham, Pauline	Weld County Health Department, Greeley, Colo.	Do
University of Hawaii, School of Nursing, Honolulu, T.H.		
Basa, Josephine	G. N. Wileox Memorial Hospital, Lihue, Kauai, Hawaii	Aug. 20, 1958
Fujimura, Loretta N.	The Medical Group (Office Nurse), Honolulu, Hawaii.	Do
University of Michigan, School of Public Health, Ann Arbor, Mich.		
Anderson, Kathryn R.	Student, University of Michigan, School of Nursing.	Jan. 25, 1958
Ballinger, Harriet E.	Children's Hospital, Detroit, Mich.	Do
Burgess, Louise H.	Johns Hopkins Hospital, Baltimore, Md.	Do
Custer, Marcia S.	City Division of Health, St. Louis, Mo.	Do
Deppan, Lorraine H.	University Hospital, Ann Arbor, Mich.	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
University of Michigan—Continued		
Elmblad, Mary K.	University Hospital, Ann Arbor, Mich.	June 10, 1958
Fassler, Dorothy F.	Montana Public Health, Polson, Mont.	Mar 15, 1958
Griffiths, Eva A.	Student, University of Michigan, School of Nursing.	Jan 28, 1958
Levigne, Marilyn E.	Eaton County Health Department, Charlotte, Mich.	Mar 15, 1958
Lungquist, Sally M.	Student, University of Michigan, School of Nursing.	Jan. 28, 1958
Powell, Joyce V.	University Hospital, Ann Arbor, Mich.	Do
Rhodes, Charlotte A.	Student, University of Michigan, School of Nursing.	Do
Rupp, Bernice J.	Goshen College (instructor), Goshen, Ind.	Mar 15, 1958
Shyne, Joan T.	Arctic Health Research Center, Anchorage, Alaska.	Do
Springette, Marlita R.	Community Nursing Council, Washtenaw, Mich.	June 10, 1958
Tsuchida, Janice N.	University Hospital, Ann Arbor, Mich.	Jan 28, 1958
Zurfluh, Doris M.	Visiting Nurse Service, Fort Wayne, Ind.	June 10, 1958
University of Minnesota, School of Public Health, 1325 Mayo, Minneapolis, Minn.		
Brady, Ada E.	City-County Health Department, Kansas City, Kans.	Mar 22, 1958
Carroll, Mary Clare McB.	Miller Hospital, St Paul, Minn.	Do
Clipley, Anna C.	North Memorial Hospital, Minneapolis, Minn.	Do
Crane, Mary F.	City of Winona, Winona, Minn.	June 14, 1958
Dixon, Margie.	Curry County Board of Education, Clovis, N Mex.	Do
Fields, Norma.	St Joseph's Mercy Hospital, Waverly, Iowa.	Do.
Hanlon, Arlene E.	Asbury Methodist Hospital, Minneapolis, Minn.	Mar 22, 1958
Huff, Jean A.	Morgan County Health Department, Jacksonville, Ill.	Do
Jank, Paula T.	Bethesda Hospital, St Paul, Minn.	Dec. 21, 1957
Jermstad, Ruby M.	Luther Hospital, Eau Claire, Wis.	Do
Johnson, Mary-Helen	Student, Hamline University, St Paul, Minn.	Mar 22, 1958
Kelley, LeAnn Gall.	University Hospital, Minneapolis, Minn.	Do
Maim, Joyce.	St Andrews Hospital, Minneapolis, Minn.	Do
Marquez, Mary N.	New Mexico School for Deaf.	June 14, 1958
Oehrlein, Donna M.	Prudential Insurance Co., Minneapolis, Minn.	Mar 22, 1958
Parks, Helen J.	Anoka State Hospital, Anoka, Minn.	Do
Porter, Marlene R.	Grant County, Lancaster, Wis.	June 14, 1958
Richardson, Adele.	Visiting Nurse Association, Chicago, Ill.	Dec 21, 1957
Rolch, Mary F.	Public Health Nurse, Sweetwater County, Rock Springs, Wyo.	June 14, 1958
Roningen, Shirley.	Bethesda Hospital, Crookston, Minn.	Dec. 21, 1957
Sakamoto, Gertrude I.	Chicago Board of Health, Chicago, Ill.	Mar 22, 1958
Shields, Katie Lee.	City Health Department, New Orleans, La.	Do.
VanderKraan, Margaret L.	University Hospitals, Minneapolis, Minn.	Do
Vickers, Joan C.	Asbury Methodist Hospital, Minneapolis, Minn.	Do
Wartenberger, Elizabeth J.	Embudo Presbyterian Hospital, Embudo, N Mex	June 14, 1958
University of North Carolina, School of Nursing, Chapel Hill, N. C., Parker, Edna L.	State Hospital, Raleigh, N C.	Aug. 31, 1958
University of North Carolina, School of Public Health, department of public-health nursing, Chapel Hill, N C.		
Bales, Peggy N.	Hamilton County Health Department, Chattanooga, Tenn.	Aug 1, 1958
Beaman, Ethel L.	Duke Hospital, Durham, N C.	Do.
Caudill, Ivalliean.	Knott County Health Department, Hindman, Ky.	Do.
Greashead, Lillian D.	VNA and City Nursing Service, Richmond, Va.	Do.
Graer, Kathryn A.	Muscogee County Health Department, Georgia	Do.
Honeycutt, Peggy R.	Virginia State Department of Health, Richmond, Va.	Do.
Marshall, Bennie S.	Kershaw County Health Department, South Carolina	Do
Mayes, Dorothy M.	City Health Department, Charlotte, N C.	Do.
Nealey, Margaret L.	Bornout County Health Department, North Carolina	Do.
Sanchez, Billie C.	St Edward Mercy Hospital, Fort Smith, Ark.	Do

Number of individuals awarded public health traineeships under title I of the Health Amendments Act of 1956 for the academic year 1957-58 by professional category—Continued

Name	Latest experience	Termination of training period under title I
University of Oregon Medical School, Department of Nursing Education, 3181 SW Sam Jackson Park Rd, Portland 1, Oreg		
Corbisier, Clara B.	Providence Hospital, Portland, Oreg.	Dec 20, 1957
Danielson, Alice H.	Visiting Nurse Association, Portland, Oreg.	Do
DePorter, Evone	Private duty, Milwaukee, Wis.	Dec 19, 1958
Evans, Kathleen L.	Clark County Health Department, Vancouver, Wash	Do
Haight, Marilyn F.	Buena Vista Health Department, Storm Lake, Iowa	Do
Heslop, Susan Y.	Providence Hospital, Portland, Oreg.	June 13, 1958
Kane, Ferne L.	Nebraska State Department of Health	Dec 20, 1957
Lurgio, Nera E.	Washington County Health Department, Hillsboro, Oreg	Mar 21, 1958
Mitchell, Carol A.	St Patrick Hospital, Missoula, Mont.	Dec 19, 1958
Phillips, Martha	Private duty, Portland, Oreg.	June 13, 1958
Rehm, Olga N.	Veterans' hospital, Boise Idaho	Dec 20, 1957
Reich, Lottie E.	Providence Hospital, Portland, Oreg.	Dec 18, 1958
Wilson, Mary E.	Peninsula Hospital, Burlingame, Calif.	Do
Wolfram, Julane	Fort Atkinson Memorial Hospital, Portland, Oreg	Do
University of Pennsylvania School of Nursing, 205 South 34th St, Philadelphia, Pa.		
Battaglini, Edith A.	Private duty, Philadelphia, Pa	Feb 1, 1958
Fngle, Nancy Lee	Visiting Nurse Society, Philadelphia, Pa	June 7 1958
Fox, Jane W.	do	Do
Haley, Mary J.	do	Do
Lair, Pauline A.	Veterans' Administration hospital, Philadelphia, Pa	Do
Mitros, Nancy G.	Visiting Nurse Association, East Montgomery County and Springfield, White-marsh, Pa	Feb 1, 1958
Ritter, Virginia W.	Bucks County Department of Health, Pennsylvania	Do
Sliwinski, Barbara A.	Wyoming Valley Visiting Nurses' Association, Wilkes Barre, Pa	June 7, 1958
Smith, Jeanne E.	State Department of Health, Commonwealth of Pennsylvania	Do
University of Pittsburgh School of Nursing, Pittsburgh, Pa		
Johnson, Helen C.	School nurse, Fort Cherry School District, Pennsylvania	Aug 6, 1958
Phillips, Zora	Veterans' Administration hospital, Pittsburgh, Pa	Do
University of Puerto Rico School of Medicine, department of preventive medicine and public health, San Juan, P R	Puerto Rico Department of Health	July 16, 1958
Hernandez, Rosa E.		
University of Rochester, division of nursing education, Taylor Hall, Rochester, N Y		
Clandenning, Ruth A.	Visiting Nurse Service, Rochester, N Y	Jan. 24, 1958
Plesums, Nina V.	Strong Memorial Hospital, Rochester, N Y	Sept 15, 1958
University of Texas Medical Branch School of Nursing, Galveston, Tex.	Parkland Memorial Hospital, Dallas, Tex.	July 31, 1958
Duncan, Jacquie J.		
University of Utah College of Nursing, Salt Lake City, Utah		
Atwood, Dolleen W.	St Mark's Hospital, Salt Lake City, Utah	Aug 30, 1958
Harvey, Flora	Holy Cross Hospital, Salt Lake City, Utah	Mar 22, 1958
Murphy, Elaine P.	Utah State Hospital	Aug 30 1958
Wright, Jane R.	Salt Lake County General Hospital, Utah	Do
University of Washington School of Nursing, Seattle, Wash		
Herzog, Esther M.	King County Hospital, Seattle, Wash	Dec. 20, 1957
Lien, Pauline A.	Maynard Hospital, Seattle Wash	June 13, 1958
McGarrow Beverly T.	Clark County School District, Las Vegas, Nev	Do
Pardelwitz, Eleanor L.	University of Washington School of Nursing, Seattle, Wash	Dec. 20, 1957
Talbot, Myrtle Oma H.	City Health Department, Spokane, Wash	Aug 20, 1958
University of Wisconsin Medical School, School of Nursing, 424 North Randall Ave, Madison, Wis		
Ayer, Mary J.	Wasson Memorial Hospital, University of Vermont, Burlington, Vt	Aug 30, 1958
Bethke, Annette J.	Madison General Hospital, Madison, Wis	Do
Carlson, Eva S.	Madison, Wis, Visiting Nurse Service	Aug 23, 1958

Mr HESELTON Thank you very much, Mr. Chairman I regret I have to return to the other meeting

Mr RHODES Mr Loser

Mr LOSER Nothing at all, Mr Chairman

Mr RHODES Dr Neal

Dr NEAL I think the points emphasized by Mr Heselton are quite relevant here

Dr McGUINNESS We will be glad to furnish those data

Mr RHODES Dr McGuinness, other pertinent questions may arise that we may wish put to you after the hearing We would like you to submit answers for the record then

Dr McGUINNESS Yes, sir

Mr RHODES Would you give us your personal opinion as an outstanding physician and as a man dedicated to public health service on the needs of the schools of public health?

Dr McGUINNESS I think there is no question but what the schools of public health need assistance I think it is merely a matter of how it is to be done I have no reservations about their need for help whatsoever

Mr. RHODES Thank you

Mr. BUSH There is approximately \$30 million used for other purposes of the public health program?

Dr McGUINNESS The \$30 million has been authorized The appropriations in the last 2 years are in the region of 20 to 21 million dollars

Mr BUSH Do you feel there is a sufficient amount of that appropriation being used today to get the results you would like to have in the public health work at these various schools?

Dr McGUINNESS I would say it is a little difficult to say there is enough It is always difficult to answer the question how much is enough

Mr BUSH Are we doing an adequate job? There is no new money provided in this bill

Dr McGUINNESS That's correct, sir That is one of the reasons for the conference that we are having at the end of this July, to see if we can better define just how adequate a job is being done

Mr BUSH That is all

Mr RHODES Dr McGuinness, I have a few questions I would like to ask

Is it not true that the primary purpose of the conference next summer is to evaluate the public-health trainee program as required by Public Law 911?

Dr McGUINNESS Dr Price, would you like to speak to that? My assumption is that this is to evaluate public-health training programs of all kinds and to find out to what extent the training programs already underway are meeting those needs I do not think the conference is limited to the evaluation of the specific training programs under this act Is that correct, Dr Price?

Dr. PRICE As I interpret the assignment given to us by the Congress in the passage of that legislation, the conference has a fairly broad purpose To meet that we are now collecting data through questionnaires that ought to provide the conference participants a comprehensive picture of the present status of training needs, forecasts of needs for trained personnel to staff public-health programs

for the future, the current and necessary instructional and financial resources of the training institutions, and informed suggestion as to the future developments in the nature of public-health training

I take it that this will include not only a consideration of subject matter of training, but also a consideration of administrative mechanisms by which this might be accomplished.

Mr RHODES In Public Law 911, at the bottom of the first page, if you have a copy there, it says

To assist in appraising the effectiveness of the traineeship under this section in meeting the needs for trained public health personnel

Dr PRICE That's correct, sir

Mr RHODES Is it not true that the traineeship programs involve only tuition and living expenses of the students, and has no direct connection with the problems of the schools of public health such as has been presented by witnesses before this committee?

Dr McGUINNESS That is correct, sir

Mr RHODES To what extent are the forthcoming conferences going to be directly concerned with the financial needs of these schools?

Dr PRICE I believe they will be concerned quite directly with that. This is one of the very important factors in assuring the adequacy of any training program. The Surgeon General in connection with that legislation from which you just read, sir, is required to submit to the Congress a report of this conference, including any recommendations by it relating to the limitation, extension or modification of this legislation. It seems to me that this gives the opportunity to take all of these things into consideration.

Mr RHODES Do you feel that the results of this study will contribute any new information other than what has already been presented to this committee by persons closely associated with these schools?

Dr PRICE I imagine that you have had a very full presentation of the financial needs of the schools. I have no idea that this conference will produce additional information of that kind. I think it may, however, give a great deal of information as to the necessary volume of training to meet the consumer needs if you will, of health agencies that utilize these personnel.

Mr RHODES It has been mentioned that it might delay this program which we feel is essential. I would like to ask this question. If this legislation were enacted prior to final reports of these studies would it not save a lot of valuable time in implementing the recommendations coming out of these studies?

Dr PRICE I suppose it might save a little time. The time it takes to activate a program of this kind, the time it takes to consider recommendations coming out of a conference and the enactment of new legislation and obtaining appropriations are rather imponderable factors, so I find it difficult to compare the two directly as to how much time would be saved.

Mr RHODES Dr McGuinness, is it not true that 10 or 15 years ago the Department did make the same type of grants to schools of public health as provided for in this legislation?

Dr McGUINNESS Yes, we are aware that was done.

Mr. RHODES Would you describe the experiences you have had with these programs?

Dr McGUINNESS I was not in my present position at that time. Mr. Chairman Perhaps Dr Price could speak to that point.

Dr PRICE It also antedates my experience, sir, but I have looked into the history of this in order that I might be somewhat informed. As I understand what was done, some of the funds which were appropriated for allotment among the 48 States were withheld prior to allotment and used as a fund to make payments to the schools of public health for training. The practice, I think, was stopped because of questions raised as to the legal authority to utilize funds appropriated under the authority of this section in this way, since there appears to be a requirement that the funds appropriated under section 314 (c) be allotted among the States on a formula basis which did not permit the consideration of the needs of training institutions.

Mr RHODES Was the program considered successful?

Dr PRICE I cannot answer that, sir, because I do not know specifically what it accomplished.

Mr RHODES Do you recall how the grants were apportioned?

Dr PRICE No, sir, I do not have that information.

Mr RHODES Would you, in your opinion, say it was unsuccessful?

Dr PRICE I would have no basis for saying it was unsuccessful.

Mr RHODES If this legislation were enacted, would the Department request the full amount authorized?

Dr McGUINNESS You mean the full \$30 million, or the full million? We would expect that the Congress would provide whatever funds it deemed appropriate in the appropriation act.

Mr RHODES For this kind of program you would feel that \$1 million would be a very modest sum, would you not?

Dr McGUINNESS It certainly is not a large sum when distributed among 11 schools.

Mr RHODES You would say it is a very essential service?

Dr. McGUINNESS We believe that anything that would strengthen the schools of public health would be good.

Mr RHODES Thank you.

Are there any further questions?

Mr DINGELL Yes, Mr Chairman.

Doctor, am I to assume that you are down here to represent the viewpoint of the Department of Health, Education, and Welfare?

Dr McGUINNESS Yes, sir.

Mr DINGELL And you are authorized to speak on behalf of the Department?

Dr McGUINNESS Yes, sir.

Mr DINGELL Doctor, you said in response to a question by my colleague, Mr Rhodes, that you felt that anything that would strengthen the schools of public health would be good; is that correct?

Dr McGUINNESS Yes, sir.

Mr DINGELL I think you have heard the testimony of such outstanding people, and I am sure you agree that they are outstanding, as Dr Leavell of the Harvard School of Public Health, Dr. Stebbins, president of the Association of the Schools of Public Health, Dr. Leona Baumgartner, the commissioner of health of the city of New York, Dr Hilleboe, commissioner of health of the State of New York, and Dr Anderson, of the University of Minnesota School of Public Health, all supporting this legislation and all telling us that there is a very dire need for legislation of this sort.

: Would you say that their opinion was valuable on this particular subject?

Dr McGUINNESS It most certainly is

Mr DINGELL You are certainly not down here this morning to dispute their viewpoint?

Dr McGUINNESS No, sir, not in any way

Mr DINGELL The burden of your statement is that you would prefer to wait until the findings of this committee which will report, I believe, on July 1, 1959

Dr McGUINNESS January 1, 1959

Mr DINGELL That is a period of about a year hence

Dr McGUINNESS Yes, sir

Mr DINGELL We are told by these people that the situation is very serious

Dr McGUINNESS Yes, sir

Mr DINGELL Would it be fair to assume that there is some reason to think that the situation is serious even in view of your own statement? Am I correct on that?

Dr McGUINNESS Yes

Mr DINGELL I think it would be fair to assume that if we wait for the report of this committee that we will find that we are at least a year or a year and a half delayed in setting up this program or in permitting the Secretary to set up this program even if the committee does recommend the same or more expenditures than provided in this bill Is that not correct, too, Doctor?

Dr McGUINNESS It is difficult to say how much delay would be involved in waiting for the report of January 1, 1959 Certainly there would be some delay

Mr DINGELL Certainly 1 year plus a period of about 6 months to get congressional action which would be another half a year Then when you figure it would take to implement it down in the Department, that would be another 2 months Would that not be a fair statement? I am not trying to put words in your mouth

Dr McGUINNESS Possibly

Mr DINGELL That is a logical assumption?

Dr McGUINNESS Yes

Mr. DINGELL The effect of this bill would be to substantially speed up the whole program if you should find it desirable within the Department and if the report of this committee is favorable, would it not?

Dr McGUINNESS I think we are concerned, Mr Dingell, that at such time as legislation is passed that we get the best kind of legislation to meet the needs of these schools.

Mr DINGELL You are not here testifying against this specific form of legislation?

Dr McGUINNESS No, sir

Mr DINGELL Certainly it is fair to infer that this would be helpful.

Dr McGUINNESS We believe before having special legislation that it would be better to wait for this conference It is a matter of timing

Mr DINGELL Doctor, I want you to understand I have a certain way of asking these questions because I want certain answers I want to be fair to you but I want certain answers in the record. That is the reason I am asking these and I hope you will cooperate by giving the answers I know you will.

It would be fair to infer that such distinguished authorities in the field of public health as these people would not come down here unless there was very crying need. Am I right in that?

Dr McGUINNESS. That is correct.

Mr DINGELL Then assuming, as you have already told my colleague, Mr Rhodes here, this is a very modest sum, we can certainly infer that this would probably be most helpful in approaching the general problem, at least on an interim basis until the recommendations of this committee come out a year hence.

Dr McGUINNESS That is correct. This is not an interim provision, Mr Dingell. This is permanent authorization.

Mr DINGELL Of course, we will have an opportunity to look at that.

Dr McGUINNESS Yes, sir.

Mr DINGELL This advisory committee is going to consult with all the people who have appeared to testify. It certainly would not be much of a committee if it failed to do so.

Dr McGUINNESS No, sir.

Mr DINGELL It would not be much of a committee if it failed to give proper weight to the opinions of these people.

Dr McGUINNESS Yes, sir.

Mr DINGELL Certainly these are the most outstanding or among the most outstanding experts in this particular field. Is that not also so?

Dr McGUINNESS Yes.

Mr DINGELL So it would appear that there is a substantial basis for Congress to act in its own wisdom without necessarily giving undue regard or disregard for the Department's views, wouldn't you say so?

Dr McGUINNESS Absolutely.

Mr DINGELL We could certainly consider the testimony of these various splendid witnesses as being a basis for Congress acting here, and I might say acting in disregard, not meaning in disrespectful terms, with the views of the Department of Health, Education, and Welfare.

Dr McGUINNESS Yes, sir.

Mr DINGELL Thank you very much.

Mr RHODES I have been informed that in 1949 witnesses for the Public Health Service and the Federal Security Agency testified before the Senate Labor and Public Welfare Committee on emergency professional training legislation. That legislation in essence provided for direct payment by the Federal Government to medical schools, dental schools, and other schools of public health. The payments were geared to the number of students in these schools and were designed to pay the difference between the tuition received by these schools and the cost to the schools of training these students.

At that time the Public Health Service and the Federal Security Agency testified in favor of such legislation, pointing to the annual deficit incurred by the schools of public health.

My question is, Do you think the schools of public health are in any better financial position today than they were in 1949, and if they still have annual deficits, would it be preferable to provide for direct payment to these schools calculated on the basis of so many dollars for each student at the school?

Dr McGUINNESS Mr Chairman, I have read that testimony I could not tell you, sir, whether the deficits are greater now than they were then without looking up the figures I am sure, as Dr Anderson pointed out this morning, that all the schools are running deficits, and they have an urgent need Whether the need is greater now than it was then I can't give you that information offhand

Mr RHODES Could you get it and include it in the record?

Dr McGUINNESS Yes, sir, to the best of our ability
(The information requested follows)

Review of material available in the Public Health Service reveals that we do not have accurate data regarding deficits in the schools of public health

Mr RHODES Do you know whether, at any time, the Public Health Service paid to schools of public health, directly or indirectly, funds from the Federal grants-in-aid to the States for public health programs?

Dr McGUINNESS Unless you are referring to the payments that were made several years ago under section 314 (c) which we discussed just a few minutes ago I can't give you the amounts of those payments I know payments were made and it was later felt that there was a legal question of propriety

Mr RHODES Is that why they were abandoned at that time?

Dr McGUINNESS Yes, sir

Mr RHODES Is it not a fact that the Public Health Service at one time made these payments? Is it not evident that the Public Health Service recognizes the financial need of these schools?

Dr McGUINNESS Yes, sir, they certainly did, and do

Mr RHODES You have suggested that legislation should await the outcome of the conference this year Might it not be a good idea to enact this legislation, let us say for a period of 2 or 3 years, in order to take care of the needs that are recognized and needed now?

Dr McGUINNESS That might be very helpful, Mr. Chairman Of course, as the bill is now written this is permanent authorization and not a limited provision as you suggest The bill as it is now written would become permanent law and it is not an emergency time limited provision Certainly that would serve as a stopgap.

Mr RHODES Of course, the advisory committee could make recommendations to the Congress at that time without delaying action to meet present needs

Dr McGUINNESS Yes, sir

Mr RHODES Do you feel that the advisory committee that will be set up or has been set up will recommend more money than the million dollars that is being proposed in this legislation?

Dr McGUINNESS That would only be guesswork on my part, Mr Chairman I would not be surprised if they did

Mr RHODES Thank you, Dr McGunness

Are there any further questions?

Dr NEAL Doctor, you feel that there would be no objection to the enactment of this legislation provided it had a time limit of 2 or 3 years?

Dr McGUINNESS There certainly would be considerable less objection, sir One of our concerns has been for the fact that this was long range

Dr. NEAL What would you consider the general advantages of delaying the passage of this bill and awaiting the report of the conference?

Dr. McGUINNESS In general, Dr. Neal, I would assume primarily if you are going to develop and pass legislation that it would be perhaps better if the whole thing could be done in one package. This legislation presumably would be passed in an act in the next few months and it would be before the conference decided what to do.

Dr. NEAL In other words, you feel that the passage of this act would put the determination of the allocation of funds in the hands of Congress rather than leave it up to the Surgeon General?

Dr. McGUINNESS That is not necessarily a question in our minds at all, sir.

Mr. RHODES Dr. McGuinness, there is a good bit of concern about unnecessary delay. It may be 1, 2, or 3 years before any help will come to these schools.

Dr. McGUINNESS I understand, sir.

Mr. RHODES It has been mentioned that this legislation is pretty well associated with our whole picture of national defense.

Dr. McGUINNESS That is correct.

Mr. RHODES So time is of the essence, would you not think so?

Dr. McGUINNESS Time is a relative thing, Mr. Chairman. It is awfully difficult to say how fast is fast, and how urgent is urgent.

Mr. RHODES Thank you very much, Doctor.

Dr. McGUINNESS We know this is an urgent situation and we would hope that the schools would have help as soon as it can be given and in the best way.

Mr. RHODES We appreciate your statement and your cooperation.

Dr. McGUINNESS Thank you.

Mr. RHODES. The next witness will be Mr. Stuart S. Jannie, Jr., vice president of the board of trustees of Johns Hopkins University.

STATEMENT OF STUART S. JANNIE, JR., VICE PRESIDENT, BOARD OF TRUSTEES, OF JOHNS HOPKINS UNIVERSITY

Mr. JANNIE. Mr. Chairman and gentlemen, I do not want to repeat any of the facts or figures which these gentlemen have so fully explained to you. I would just like to say a few words about the situation as it effects the Johns Hopkins University and the views of its board of trustees on the subject.

The Johns Hopkins School of Hygiene and Public Health was founded and began its operations in 1916 under the sponsorship of the Rockefeller Foundation. At that time Dr. Welch, whose name is, I believe, one of those looked upon with the greatest respect in the field of American medical education, was in charge of the medical education at Hopkins. He was close to the Rockefeller people, they consulted together and it was their joint feeling that this type of school was urgently needed, both to train people for the public-health service of the Federal, State, and local governments, and also for the Rockefeller Foundation worldwide program with which you are all familiar. The Rockefeller Foundation agreed to underwrite the course of running this school, otherwise I do not think the Johns Hopkins would have ever been in a position to undertake it.

The Rockefeller Foundation paid the cost of operating this school for 5 or 6 years or more. It also furnished the necessary funds to construct the building to house the school. Thereafter the program was stabilized and it made a grant to Johns Hopkins University of \$5 million, the income to be used for the support of this school. That is still the principal endowment fund for the support of school of hygiene and public health, which is dedicated exclusively to that school.

The school got along quite well as far as finances were concerned and it was not a great problem to the university until the last 10 or 12 years. The endowment income in 1945 was of the order of \$212,000. That has increased now, I think, to about \$280,000 of endowment income which Hopkins applies to the support of the school.

Tuitions have been increased. They were \$400 per student in 1945, and they are now \$1,200. Our tuition income has gone up to \$121,000 from \$21,000.

We have also had increases in income from other sources, research grants, and things of that sort. But gentlemen, these increases have not been nearly enough to cover the increased costs of operation which have gone from something like \$220,000 in 1945 to more than \$700,000 today.

The Johns Hopkins School of Hygiene and Public Health has a budgeted deficit for this year of the order of \$175,000. We do not expect the actual deficit to be that large because our experience is that positions are provided for which are not filled and there are other savings. Our latest estimate I believe is that the deficit will be of the order of \$100,000 or maybe a little less than that for this year.

Gentlemen, the trustees of Johns Hopkins University are very reluctant to dip into the principal of their endowment to cover this sort of deficit. They do not like to do it for any purpose because it takes away from the income of the future and makes their problem more difficult as time goes on. But they are even more reluctant to do it for a school of this sort because it is a unique sort of school. It performs a public function. It is training essentially people for the public service.

The feeling of the trustees of Johns Hopkins University is that responsibility should be recognized by the Government and that support should be provided for this school which is unique among the other schools at Hopkins in that respect.

Therefore, we hope very much that you gentlemen will consider this program favorably. I have reference to the proposed legislation.

The Johns Hopkins University has recently announced a campaign to raise \$77 million in additional capital funds. That is the university and the hospital together. They are separate institutions, but they have so many interests in common that they must coordinate their fund-raising activities, and that is a joint effort.

A large part of that is for buildings in the hospital, some for the university, a new library, a new physics building, a large part is for operating funds for the whole university, and for the hospital to increase teacher-salaries and perform many of the other things which Hopkins must do if it is to maintain its standards of excellent education and to provide training for people in the medical field and care for the patients who come to the hospital.

Faced with raising that money you can see that we are most reluctant to keep on paying deficits for a school of hygiene and public health and we urge that you support this legislation.

The board of trustees recognizing the unique character of this school has adopted a resolution I believe Dr Stebbins mentioned it to you. This has been approved as a policy I will be glad to leave a copy of it with you if he did not file it

Mr RHODES That is already in the record

Mr JANNIE I do not mean to give you the impression from what I have said that Johns Hopkins will relax any of its efforts on behalf of the school of hygiene and public health We are very proud of that school and the people that have been sent out and the work and contribution they have made in that field. Certainly the buildings and endowment we have will continue to be used for that purpose

We want to cooperate with the Federal Government and the State governments and others in improving that school and in performing that service But we think the Federal responsibility should be recognized and we therefore respectfully ask that you adopt a favorable report

Mr RHODES You think, then, that the need is very urgent and that delay would create very difficult hardships for the school?

Mr JANNIE I am sure that is true, Mr Chairman I cannot see that enacting this law would hurt anything, because as you pointed out, the Congress can always change the law I know that the program which Dr McGuinness has mentioned will go into the thing thoroughly and come up with a little different answer in 2 or 3 years But I do not think these schools should be asked to wait that long to get some help to alleviate the pressing situation

Mr RHODES Thank you Are there any questions?

Mr DINGELL I have no questions, Mr Chairman Thank you

Mr RHODES Mr Bush?

Mr BUSH How many years have you incurred a deficit in this school?

Mr JANNIE I think it runs over a period of at least 7 or 8 years Dr Stebbins would probably be able to give the answer

Dr STEBBINS We have had a deficit for 9 of the last 10 years

Mr. BUSH In meeting those deficits where have you gotten the money to pay for it?

Mr JANNIE It is taken generally from our endowment which is the only source that we have to cover a deficit of that sort The whole university has been operating at something of a deficit for some years

Mr. BUSH In other words, you are reducing your capital endowment?

Mr JANNIE I am afraid that is true

We have received substantial gifts from foundations and testamentary sources and things like that, so that our endowment has been increasing but still we have been using some of the principal which should have been invested, and the income retained for us for these purposes

Mr RHODES Mr Loser

Mr. LOSER How many students are in your school?

Mr JANNIE In the school of hygiene and public health, about 100, I believe

Mr. LOSER You heard the testimony of the doctor from Minnesota as to the number of students in his school. Do you recall what he said?

Mr JANNIE. No, I do not

Dr. ANDERSON. We have at the present time 135 graduate students and 95 of the nurses on basic training

Mr RHODES Dr Neal?

Dr NEAL Will you explain to the members of the committee just how you account for the increase in cost? Your increase in numbers of students has not grown proportionate to the total cost

Mr JANNIE That is correct

Dr NEAL What are the elements that enter into the total cost?

Mr JANNIE I am sure Dr Stebbins could give you a better answer than I could, but I would say we have increased salaries which have gone up over the period of time we are talking about due to the inflation we have been faced with. We have increased costs of practically everything we do. I believe a lot of the equipment is much more expensive

Dr NEAL You have likewise increased the number of categories of instruction

Mr JANNIE That is true. I think it bears a relationship to the increased costs of education which have been felt by universities in all fields. You have Harvard asking for \$98 million and Yale asking for a large sum of money. It is a common thing that throughout the country that the endowment income which used to cover such a large part of the cost is not adequate

Dr NEAL We are faced with the unhappy experience of increasing costs to meet the needs in an inflationary period when it is very difficult to rely on the resources coming from your endowment; is that right?

Mr JANNIE That is correct

Dr NEAL Thank you, sir

Mr RHODES Thank you, Mr Jannie

Mr JANNIE Thank you, Mr Chairman

Mr RHODES The next witness will be Dr Eugene P Campbell, Chief of the Public Health Division of the International Cooperation Administration

STATEMENT OF DR. EUGENE P CAMPBELL, CHIEF OF PUBLIC HEALTH DIVISION, INTERNATIONAL COOPERATION ADMINISTRATION

Dr CAMPBELL Mr Chairman, I am Dr Eugene P Campbell, the Chief of the Public Health Division of the International Cooperation Administration

I have with me a short statement, Mr Chairman, by the International Cooperation Administration which appears as though it were on the legislation you are speaking about, H R 6771

I would like to say what our statement is in reference to, since we are merely another agency utilizing the resources indicated in this proposed legislation

I will read this short statement and be happy to try to answer any questions that you may have

During several years the International Cooperation Administration (ICA) or its predecessor agencies has been engaged in providing health training for selected nationals of other countries. These trainees are called participants because they are intimately connected with

some phase of ICA's bilateral health projects in the participant's country of origin

Basically this training has been of 2 types. short term, 2 to 6 months of specialized training, and long term, 12 months' duration. The long-term training usually means matriculation of a participant in a school of public health as a special student or as a candidate for a postgraduate degree in public health

The short-term participants are not pertinent to this analysis because, for the most part, they receive their training in State or local health agencies and are not usually in educational institutions.

Long-term participants are sponsored by ICA through a grant of funds to cover per diem, travel, tuition, books, et cetera. During the past few years our experience shows that the average cost to ICA per participant for the above-mentioned purposes—for training in the United States—amounts to \$4,400 per 12-month training period as follows

Per diem	\$3,100
Travel (in United States)	250
Tuition	850
Books	120
Miscellaneous	80
Total	4,400

The excellent staff report to the Committee on Interstate and Foreign Commerce entitled "Medical School Inquiry" released in 1957 lists 10 schools of public health in the continental United States, and 1 in Puerto Rico. It is said there are 25 or 26 schools of public health in the world today. More than half of them, or 16, are in this hemisphere which contains only about one-sixth of the world population. Of these 16 schools, 8 have been developed since the beginning of World War II—North Carolina; California; Sao Paulo, Brazil; Mexico City; Tulane, Pittsburgh, Santiago, and Puerto Rico.

During this same general period of time the ICA or its predecessor agencies has been actively engaged in cooperative public-health programs in some 40 countries in all major regions outside of Europe and the U.S.S.R. These activities have resulted in an increasing demand for advanced training in this professional area. The stimulus of our collaboration, as well as encouraging students from one country to seek training in another, did much to aid in the development of the schools in Beirut, Lebanon; Sao Paulo, Brazil; Santiago, Chile; Mexico City, Mexico, and finally, Puerto Rico.

Table I shows the ICA-sponsored participants in the 11 American Schools of Public Health during the last 4 years. These participants come from more than 40 different countries. It is noteworthy that these total figures represent from 10 to 12 percent of the total enrollment of the American schools. Although ICA does not bring participants to these centers for the purpose of gaining a degree in public health, our experience shows that almost half qualify for and receive degrees.

The International Cooperation Administration continues to dedicate a large part of its interests to the promotion and development of indigenous institutions in cooperating countries. Real success has been achieved in this hemisphere and considerable progress can be demonstrated in the Near East and south Asian areas. An ICA

objective is to promote and develop an increased measure of independence from the United States in the matter of public health training

Considering, however, that the United States with 170 million people has 10 schools of public health, and the other American Republics with about 180 million people have only 4 schools, it appears there will continue to be a demand on the part of South Americans for training in the United States for many years to come

Likewise, in view of an even greater scarcity of training facilities in the heavily populated areas of south Asia, Far East, and Africa, there will be a continuing demand from ICA and other sponsors of foreign participants for training in the United States

Mr RHODES Have you completed your statement?

Dr CAMPBELL Yes, sir

Mr RHODES Thank you Are there any questions, Mr Dingell?

Mr DINGELL No questions

Mr RHODES Mr Bush?

Mr BUSH No questions

Mr RHODES Dr Neal?

Dr NEAL I notice on page 1 of your statement, the total cost estimated here for each annual student Does the ICA cover that complete cost?

Dr CAMPBELL Yes, sir

Dr NEAL Does that include tuition to the institution?

Dr CAMPBELL Yes, sir

Dr NEAL Then the overall cost which would be entailed by the public health schools is largely a matter of the difference between the \$4,400 and the estimated cost of training one of these Did somebody give that?

Dr ANDERSON \$4,200 is the estimate in this staff report

Dr NEAL That is your university's estimate?

Dr ANDERSON No, that is the figure gathered together by the staff on the basis of the financial statements submitted to the staff by the universities

Dr NEAL That is true Does that mean that you in your university can educate one of these boys on \$4,400 without loss?

Dr ANDERSON On the average

Dr NEAL Then we assume that the ICA is assuming the total cost of education of the individuals that they send to you for training

Dr ANDERSON No, sir, because that \$4,000 includes the subsistence What they pay us is only tuition, which varies from school to school

Dr NEAL That is the point I want to bring out

Mr DINGELL If the gentleman would yield, the ICA's figures are \$850 for a year's tuition. The total grant is how much? We are told how much the university requires

Dr ANDERSON The cost of running the school is \$4,200 per pupil.

Mr DINGELL There is a deficit of \$3,750

Dr NEAL Doctor, do you find that the foreign students coming to the American schools ordinarily get along as well as they do if they are sent to some of the other institutions? In other words, do you send any of these foreign students to Beirut or other institutions, or for just short term?

Dr. CAMPBELL We send students to Beirut, São Paulo, and other areas such as Puerto Rico for complete training. In making our selections of participants we try to determine whether the individual himself will profit most by his experience in the American schools, that is, whether he has a comprehension of English that is sufficient to guarantee that he would understand what is going on in our American schools or not. If the individual has good English comprehension and the other requisites the chances are we would send him to American schools. On the other hand, we find many candidates who are just as qualified with this one exception, that they do not have a comprehension of English, and we send them, therefore, to another school like Puerto Rico, which has all of its instruction in Spanish, or Beirut, or some other place.

Dr NEAL Most of your short-term students are not sent to the United States

Dr CAMPBELL We bring to the United States, sir, quite a large number of short-term students on the same general basis of selectivity. It is a larger number, incidentally, than we bring for long term.

Dr NEAL You have been doing this now for 5 or 6 years?

Dr CAMPBELL We have been doing this since 1942, sir.

Dr NEAL What has been your experience as to the efficiency of those boys when they go back to their home communities?

Dr CAMPBELL We are very encouraged with the results of training in the United States or in some of the other developed areas. When these students return to their own countries they are in a much better position to carry out and understand and develop the indigenous institutions of their own country.

This has been a tremendous contribution.

I would like very much to say at this point that we feel that of all of the things we are doing in international cooperation, the training of people is one of the most vital and most important and valuable and the most lasting of things we are doing.

Dr NEAL I think you made a very practical observation there. I have had enough opportunity to see some of the good works that are being done in these trainee schools, particularly in various forms of health education, and it seems to me it has been very effective.

I know in one of the missions overseas there were classes of as many as a hundred of those young boys who came in and took a certain amount of preliminary training, some of whom take to it very rapidly and become interested to the extent that you can select from those the proper type of students to send either here or other countries.

I have conferred with a few of them and I think they all go back with a feeling of demonstrating good propaganda and good relationship with the American people.

I agree that it is the best thing we are doing overseas.

Mr. RHODES Thank you, Dr. Campbell.

(The table referred to in Dr. Campbell's statement follows.)

TABLE I—*International Cooperation Administration participants placed in American schools of public health, academic years 1953-54 to 1957-58*¹

Schools of public health	Tuition and fees per year	Number of participants					Total
		1953-54	1954-55	1955-56	1956-57	1957-58	
California.....	\$450	7	13	14	16	5	55
Columbia.....	900	5	8	6	6	5	30
Harvard.....	1,200	8	14	12	14	8	56
Johns Hopkins.....	1,200	4	8	7	16	8	43
Michigan.....	700	12	16	22	13	8	71
Minnesota.....	540	8	7	11	18	14	58
North Carolina.....	750	13	13	19	13	10	68
Pittsburgh.....	1,025	13	8	9	9	8	47
Tulane.....	1,000	3	5	6	11	8	33
Yale.....	760	7	7	4	3	5	26
Puerto Rico.....	(?)	1	3	23	21	28	76
Total.....		81	102	133	140	107	503

¹ Data from Division of International Health, Public Health Service, and the Children's Bureau² ICA contract

Mr RHODES Our time is growing short. We would like to conclude. It is very doubtful that we can hold hearings this afternoon. If we to move fast we might be able to hear all of the witnesses.

We have several more distinguished witnesses. But first I would like to call on Dr Vlado Getting. He is a former health commissioner of the State of Massachusetts, and now public health administrator at the University of Michigan. I know Congressman Dingell is very much interested in a statement from Dr Getting.

Mr DINGELL Thank you, Mr Chairman.

Doctor, it was at my request that you were seated in the witness chair. I have received correspondence from the University of Michigan stating the position of the school, but I understand you are down here representing the viewpoint of the school although you had no intention of testifying at any length.

I would like to ask you this question. Are you, yourself, and as a representative of the school, in favor of this particular piece of legislation?

STATEMENT OF DR. VLADO GETTING, PUBLIC HEALTH ADMINISTRATOR, UNIVERSITY OF MICHIGAN

Dr GETTING Definitely, sir. The dean, the entire faculty, the president of the university, have gone on record in writing and verbally in favor of this legislation.

I may add, Mr Chairman, that in his testimony earlier today, Dr McGuinness referred to the fact that present legislation permits States to use money for training. As a former State health officer for some 10 years in Massachusetts, I became thoroughly acquainted with how Federal funds may be used. There are restrictions upon the use of Federal funds by State laws. These State laws do not permit a State to make a grant in aid to an educational institution. The laws prohibit this. It is also impossible for a State to make a contract with a school located in another State in many States. So that there is not this freedom which seemed to have been indicated in the utilization of existing funds in the support of schools. Some States do have contracts within their States, but there is not this general support which this legislation supplies.

It is for this reason that we in Michigan are so anxious to obtain assistance of this type, because it is different from what we are getting now. We do get some assistance from the Federal Government in the form of categorical grants which are usually for a specific purpose and for a limited time.

What we need is long-term help which will enable us to do not only a quantitatively better job, teaching more students, but also doing a much better job in teaching those students we already have. Our State appropriates approximately three-quarters of a million dollars from State funds. About two-thirds, or more, of our students come from out of State. About 50 percent come from other States, 25 percent from overseas. It is rather embarrassing as has been pointed out by the dean from Minnesota to try to seek improvements in teaching in these new fields.

We need improvements in the teaching of mental health. We need improvements in the teaching of chronic diseases, radiological health, in air pollution and in many other fields. We feel that the amount of money which might be made available under this legislation would be a help. It would help us go in the right direction.

Therefore, I appreciate the opportunity to record Michigan in favor

Mr RHODES Thank you, Dr Getting

Our next witness will be Brig Gen M S White, Director of Medical Staffing and Education, Office of the Surgeon General of the Air Force

STATEMENT OF BRIG. GEN. M S. WHITE, DIRECTOR OF MEDICAL STAFFING AND EDUCATION OF THE OFFICE OF THE SURGEON GENERAL OF THE AIR FORCE

General WHITE I appreciate the opportunity of appearing here to present any information that may be of value to the committee in its deliberations. I understand that you know that I am not here representing officially the Department of Defense either for or against the merits of this bill. However, within those limitations I would like to give you any factual information that might assist you in your considerations.

In the Air Force we have a medical education program that is concerned with training selected officers in either military or civilian schools in the professional specialties. Those schools or training programs that are of interest to you at this time are the programs concerned with the schools of public health and the training available in those which is not available within the schools of the Department of Defense.

We have two categories of training that we send our officers to in schools of public health. One is the type of training leading to a degree of master of public health which is participated in by all types of corps of officers, whether physicians, dentists, veterinarians, nurses, or medical service corps, and also participated in by all the services—the Army, Navy, as well as the Air Force.

The other type of program in which we have a more vital interest in the Air Force at this time is that concerned with the training of our specialists in aviation medicine. Here we send officers to a 1-year program in schools of public health—just two at the present time, Harvard and Johns Hopkins—where they get a combined course in

preventative medicine and aviation medicine. This 1 year of training serves as 1 of the 6 years of required training before an officer or even a civilian would be eligible to take examinations qualifying him as a specialist in aviation medicine.

The other 5 years of training are given in the graduate school of aviation medicine dedicated just to the pure science of aviation medicine, another year of residency in aviation medicine, similar to the types of residencies you have for other specialties in medicine and surgery in a hospital, then 1 year of supervised practice under a specialist in aviation medicine and 2 years of further experience in the practice of aviation medicine.

At the completion of this 6 years of training of which the 1 year is given in the schools of public health, the officer is eligible to take the examinations given by the American Board of Preventative Medicine, which qualifies him as a specialist in aviation medicine.

To date, since the conception of this program which was 1952, we have sent 70 officers to the 2 schools of public health that I have mentioned. There have been approximately 200 other officers, or a total of 200 officers who have attended schools of public health since 1952 that I am aware of in the 3 services.

I would be happy to give any other assistance, or answer questions.

Mr RHODES Then you would say, General, that these schools provide a very essential service to the Air Force and to other branches of the service?

General WHITE Yes, sir, they do. They furnish the only means we have of providing that 1 year of specialized training that will qualify our men as specialists in aviation medicine.

Mr RHODES Mr Dingell, have you any questions?

Mr DINGELL No questions

Mr RHODES Mr Bush?

Mr BUSH No questions

Mr RHODES Dr Neal?

Dr NEAL General, assuming that a man in the ranks or an officer in the Air Force retires at a very early age after having an opportunity to complete this public health training, has your experience been over a sufficient number of years that many retire after a short time?

General WHITE I cannot give you exact figures on that, but I am aware that a good number of our senior public health officers who have had training in public health have taken certain public health jobs in various States and cities.

Dr NEAL It offers an opportunity for a well-prepared man to get into that field after he retires, which is very beneficial to the general public.

General WHITE Yes, sir.

Dr NEAL There is one other point I thought of, that you send your men to Johns Hopkins or Harvard. Do you do that because they are especially equipped to give your men the type of training they need?

General WHITE They offer a curriculum that provides the training of specialists in aviation medicine.

Dr NEAL That brings up this question. How many of these 10 or 11 universities attempt to follow the whole course of procedure rather than to specialize in some particular field? In other words, if the public health schools were so organized among themselves that cer-

tain ones of the 11 were especially prepared to give a course in some phase of public health in a more comprehensive manner than the other, would you be able to control the admission of students in that way and perhaps be able to lessen the load on your institutions in general?

Dr ANDERSON Are you asking me?

Dr NEAL Yes, sir

Dr ANDERSON I think I can answer that by saying that all of the schools offer a general program. The schools differ as to specialized programs in addition to the general. Reference has been made to Johns Hopkins and Harvard that have done special work in the field of aviation medicine. The University of Pittsburgh and Harvard have done very distinguished work in the field of industrial hygiene. Michigan is doing the same thing. Different schools have concentrated on one thing as contrasted with another. No school has attempted to concentrate on everything. We have all of the schools offered a generalized basic program.

Dr NEAL Then I would say that the deans of the various schools probably work pretty closely with the applicants in order that they may be assigned to the institution which would give them the best training in their preferred line.

Dr ANDERSON I have directed many students to other schools than Minnesota because I thought the other school offered something better than we were prepared to do in our budget.

Dr NEAL Thank you.

Mr RHODES Are there any further questions?

If not, thank you, General White.

The next witness will be Dr Charles L. Wilbar, Jr., secretary of health of the State of Pennsylvania.

STATEMENT OF DR. CHARLES L. WILBAR, JR., SECRETARY OF HEALTH OF THE COMMONWEALTH OF PENNSYLVANIA

Dr WILBAR Mr. Chairman and members of the House Subcommittee on Health and Science, I am Dr Charles L. Wilbar, Jr., secretary of health of the Commonwealth of Pennsylvania, having succeeded Dr Berwyn F. Mattison to that post 2 months ago. I previously served nearly 5 years as deputy secretary of health in Pennsylvania and prior to that time was president of the Board of Health in the Territory of Hawaii. In 1951 I was president of the Conference of State and Provincial Health Authorities in North America.

After graduation from the University of Pennsylvania Medical School, and serving 4 years of internship and residency, I was director of a privately operated public health project in Hawaii, was director of maternal and child health in Hawaii, and was in the Army Medical Corps during the war, serving part of that period as county health officer for the county of Maui.

In my experience, the greatest single detriment to the conduct of a modern, efficient public-health department in Pennsylvania and in the Territory of Hawaii has been the shortage of well-trained and well-qualified professional and technical personnel. The demand for such personnel by governmental and voluntary health agencies greatly exceeds the supply. There is obviously much public desire to have

modern public-health services rendered to their fullest extent by public-health agencies, but these agencies do not have an adequate supply of trained public-health persons from which to recruit, and invariably have many vacancies in key positions

Additional scientific knowledge about public health and preventive medicine and about new areas of hazards, such as radiation, have increased rather rapidly this demand for service. We who are public-health administrators are faced with rapidly increasing scientific knowledge on methods of keeping people well and prolonging their lives in the areas of chronic diseases and accident prevention, as well as in the older public-health aspects of communicable disease control.

To some extent, we have been fortunate in receiving increased legislative appropriations for more research in public health and for application of the newer discoveries. These newer discoveries are encouraging and stimulate a desire to place them in effect, but they increasingly accentuate this major problem of insufficient numbers of qualified persons to perform the task of education and administration required to transpose the knowledge of the findings of the scientists into popular knowledge, popular desire, and popular application of these findings.

There are nearly 4,000 employees in the Pennsylvania Department of Health, yet we have 3 division director positions and 1 regional director position vacant. All of these have been vacant for a number of months and 2 of them vacant for over 2 years. Of the 4 county departments of health in our State, 1 of them has been without a county-health director for a year, despite strenuous efforts at recruitment.

With the paucity of trained personnel from which to recruit, it is necessary for the Pennsylvania State Department of Health, as well as for other public-health agencies, to employ professional and technical persons who lack the public-health training which is necessary for adequate performance of their positions and then send them to public-health schools for such training.

House bill 6771, introduced by Congressman George M. Rhodes of Pennsylvania, is important to Pennsylvania because it helps to strengthen all the schools of public health. Although we have an excellent school of public health in our State at the University of Pittsburgh, we are concerned with all of the schools. A review of public-health workers now active in State or local public-health service in Pennsylvania reveals that among those who have received degrees from schools of public health, they have received these degrees from 9 of the 11 approved schools—all but Tulane and Puerto Rico.

This year 17 Pennsylvanians are known to be studying at 6 of the schools of public health. We feel that this diversity is valuable and that it brings to our State some variety of viewpoint which tends to enrich and broaden the service rendered to our people by public-health trained persons.

Today more students from Pennsylvania than ever before are going to schools of public health. The resources of these schools are strained. Tuition pays for only a small portion of the costs of training a student. It is difficult for the schools to obtain adequate private endowment today. It seems that these schools need some degree of help from the Federal Government. It would not seem advisable that this help would be to such a degree that the schools might be considered

Government-controlled; but the amount of assistance provided in House bill 6771, which permits a maximum of a million dollars a year divided among the 11 schools, would not seem to be that extensive.

Title I of the Health Amendments Act of 1956 to the Public Health Service Act allows for the payment of tuition for persons who are receiving public-health training and meet the qualifications stated by the act and by the Public Health Service. Since tuition meets only a comparatively small portion of the costs of financing a school of public health, title I helps to stimulate more persons to take graduate public-health training, but actually adds to the financial plight of the public-health schools. This is somewhat like asking extra guests to dinner without increasing the family food budget.

Schools of public health aid health departments in manners other than training personnel. In Pennsylvania, the State public-health program has received much helpful assistance from the staff of the Graduate School of Public Health of the University of Pittsburgh. Out of a total of 356 students admitted to this school since its inauguration, 133 have come from the State of Pennsylvania. Other important services which the faculty of this school has rendered to the State health program include

Dr. Thomas Parran, dean, has served on an advisory committee to the Secretary of Welfare regarding planning for administering the Hill-Burton Act.

Dr. Isidore Altman, associate professor of biostatistics, has directed a statewide survey in connection with the Hill-Burton Act.

The school faculty cooperates in the operation of a field-training center.

Dr. James Crabtree, head of the department of public health practice, serves on the Governor's advisory committee on organization of State government.

Dr. Samuel Wishik, professor of maternal and child health, was chairman of a medical advisory panel of the joint state government commission study of school health programs and cooperates in short courses for professional persons and inservice training.

The school has cooperated in a number of institutes and conferences sponsored by the State health department.

House bill 6771 provides grant-in-aid help through the public-health service, the chief Federal public-health agency. There would seem to be no other Federal agency more qualified to administer such grants. All 11 schools of public health have students from many different parts of the country as well as from foreign countries, so that Federal aid is definitely needed.

It would seem to me to be fitting and proper that Federal tax funds be used to support these renowned graduate schools of public health to help provide the necessary funds for public-health training, which is urgently needed if we are to have, in the United States, a supply of public-health professional leaders who are able to keep our Nation in the forefront of the modern practice of public health and preventive medicine.

May I add, Mr. Chairman, in view of the previous discussion that I have had experience in a number of instances in the past where a detailed study of a major problem has actually held up the doing of anything about the problem. It is obvious that we have had major

problems but we tried to determine every detail about it and that kept us from tackling the problem early enough

In other words, if you have a forest fire it is probably not necessary to know each individual tree that is burning

Mr RHODES Thank you Are there any questions?

Mr BUSH I just want to say that I welcome Dr Wilbar, as a representative of the Pennsylvania Department of Health before this committee His statement will certainly be very helpful and one that will be taken into consideration in thinking about this legislation

Dr WILBAR Thank you, sir

Mr RHODES I, too, want to thank you, Dr Wilbar, and also commend you for the part you have played in the progress made in public-health service in Pennsylvania in recent years

Mr HESELTON Doctor, you mentioned in the course of your statement that Pennsylvania had 4 positions open from a matter of months up to 2 years in their regional directorships, and that 1 of the county directorships has been vacant for a period of a year or so Is that because of more attractive possibilities in other fields to people who might otherwise be applicants, or is it because you do not have the personnel, or just what is the reason?

Dr WILBAR I think it is largely because of insufficient supply of trained and qualified people to meet the demands throughout the country

Mr. HESELTON I take it that Pennsylvania is in a position to and does offer as attractive salaries as any other State

Dr WILBAR Yes, comparatively, our salaries are not bad

Mr HESELTON Is that an isolated instance, as far as you know, with reference to other States, or is it something that is a pattern across the country?

Dr WILBAR I understand that this is a pattern throughout the country We are not unique in that respect. One of our positions that has been vacant has been chief of heart and metabolic diseases These are the main causes of death today We would like to be doing much more in this area But that position has been vacant for 3 years in spite of intensive recruitment

Mr HESELTON There is just one further question I am sure you are familiar with this staff report on the medical school inquiry made to this subcommittee

Dr. WILBAR Yes

Mr HESELTON I notice on page 479 of the appendix there is a report of the estimated construction needs of the schools Nothing is listed for Pittsburgh I am sure that can be corrected I assume Pittsburgh needs some help along that line as well as Harvard, Yale, and Columbia and other institutions

Dr WILBAR I am not sure but you are going to hear later from the dean of the School of Pittsburgh, Dr Parran

Mr HESELTON I will hold that question, then.

Mr RHODES Thank you, Dr Wilbar

Now we have two further witnesses

Dr Leavell, would you like to make your statement now?

STATEMENT OF DR. HUGH R. LEAVELL, PROFESSOR OF PUBLIC HEALTH PRACTICE IN THE HARVARD SCHOOL OF PUBLIC HEALTH; AND PRESIDENT OF THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

Dr LEAVELL Mr Chairman, if I could have leave to submit my statement for the record and retire in favor of Dr Parran, I think it would be in the interest of the proceedings

Mr RHODES Without objection that will be done

Mr DINGELL Doctor, do you favor the legislation?

Dr LEAVELL Yes, sir, I do very strongly

Mr RHODES Thank you, Dr Leavell

(The statement of Dr Leavell follows)

TESTIMONY ON H R 6771 PRESENTED BY HUGH R LEAVELL, M D , DR. P. H , PROFESSOR OF PUBLIC HEALTH PRACTICE IN THE HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASS

I am Hugh R Leavell, professor of public health practice in the Harvard School of Public Health. As background information, I have been in the private practice of medicine as well as serving as a local health director. I have worked at various times with States, the Federal health services and in international health sufficiently to have a reasonably broad idea of the problems in public health. At this point I should like to say how gratifying it is to us in public health work to have the strong support Congress is giving to many health programs, with special emphasis on the generous aid to research. Without research we would not have the tools for the job we all want done.

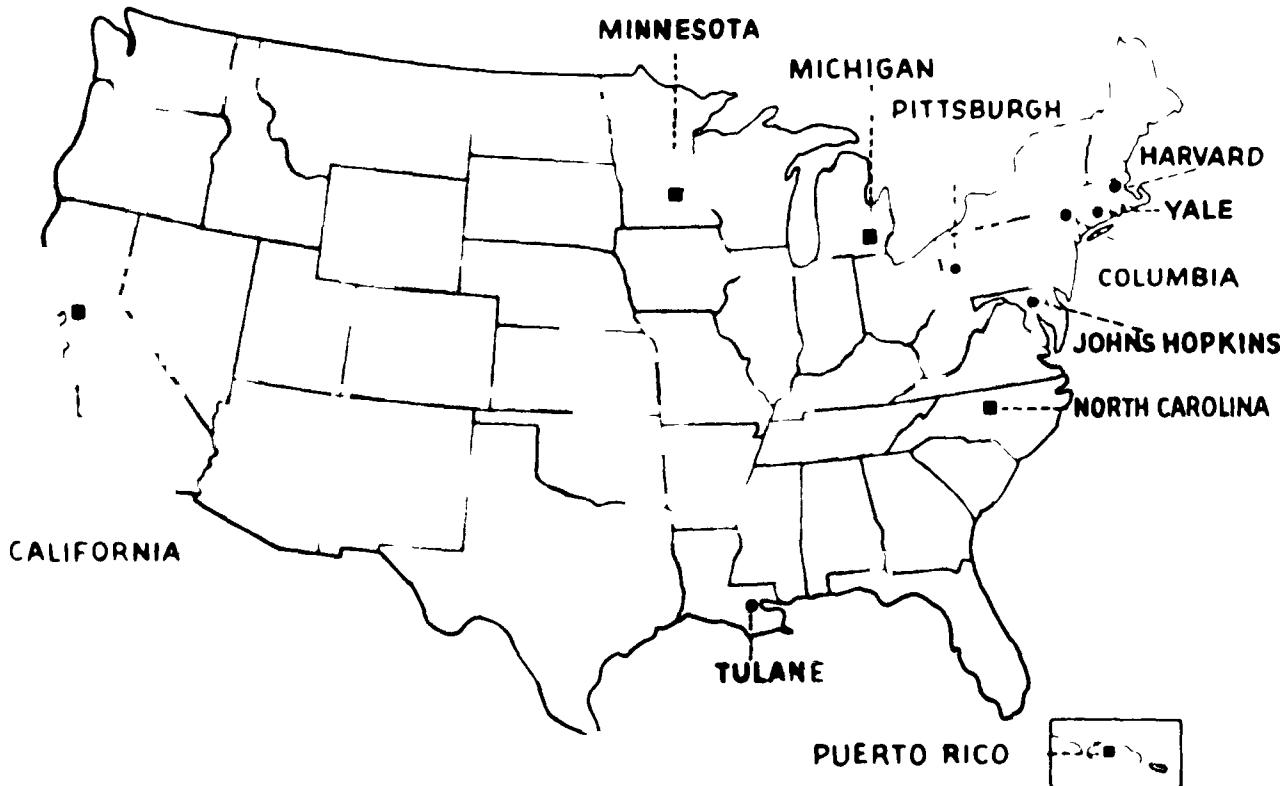
As one of the representatives of the schools of public health we are here today to present our case to you, I should like to express our appreciation for the opportunity this hearing presents to tell the story of what these few schools are doing. There are only 10 of them in the continental United States and 1 in Puerto Rico.¹ They are performing a unique and essential public service which is not otherwise available.

We value the chance to explain what our graduates do because one tends to take them for granted. We are likely to forget that our economy and even the structure of our communities are based on the foundation of good public health. We shall tell you why the type of education our students must have is costly, and why one cannot expect our students as future public servants to pay the full costs of their training. We shall point out how the new fellowship program adds to our burdens. Actually, the more students we have the worse off we become financially, as the tuition we receive pays only a small fraction of our teaching costs. We endorse strongly the objectives of the Rhodes bill, H R 6771, and we wish to point out that Federal aid to the American schools of public health is justifiable, reasonable and necessary, and that it must not be postponed. We also shall mention the shortage of trained public health workers, and how this shortage endangers our defense and hampers the application of the new knowledge being made available by research.

¹ See the following

School	Location	Ownership
California, University of	California	Public.
Columbia University	New York	Private
Harvard University	Massachusetts	Do
Johns Hopkins University	Maryland	Do.
Michigan, University of	Michigan	Public
Minnesota, University of	Minnesota	Do.
North Carolina, University of	North Carolina	Do.
Pittsburgh, University of	Pennsylvania	Private
Puerto Rico, University of	Puerto Rico	Public
Tulane University	Louisiana	Private.
Yale University	Connecticut	Do

THE ELEVEN SCHOOLS OF PUBLIC HEALTH SERVING THE NATION



Many people do not quite understand what a public health school is, or what it does. We should like to try to clarify the matter briefly, with the help of some diagrams. First most of our teaching is postgraduate. Our students come to us already trained in a variety of professions. They include physicians, dentists, veterinarians, nurses, public-health engineers, social workers, educators, etc.

The public health schools differ in many ways from basic professional schools, such as the medical school, and these important differences help explain some of our problems. They may be summarized as follows.

Contrasts between

A. BASIC PROFESSIONAL SCHOOL (SUCH AS MEDICAL SCHOOL)

CHARACTERISTICS OF STUDENTS

Homogeneous background
Younger—average age 22, or less.
United States citizens, largely
Minor family responsibility

Heterogeneous background.
Older—average age about 34.
Many foreign students
Major family responsibility.

CURRICULUM

Standard for all students.
2 to 6 years
Preparation for private practice

Varied according to student's background and future work.
One year, usually
Preparation for community teamwork and administration.

FINANCIAL ASPECTS

Students privately supported.
Lucrative profession ahead.

Students on fellowships, mostly.
Salary prospects limited

We want to emphasize that the public health worker does not have individual patients as his major responsibility, as does the doctor in private practice. The total community is the public health man's patient, and the director of a health department is the one person in the community who is responsible for all the people's health. This is said not to minimize the importance of the private practitioners of medicine, dentistry, nursing, etc., without whom the health director would be powerless. It is intended simply to point out a major difference in the jobs these two kinds of workers do.

These contrasting jobs may be summarized as follows.

Contrasts between the work of

A. THE PRIVATE PRACTITIONER

Stresses diagnosis and treatment.
Is a general practitioner in prevention.
Works with individuals.

Does his work individually, largely

Must understand individual behavior

B. THE PUBLIC HEALTH WORKER

Stresses prevention.
Is a specialist in prevention.
Works with groups; the community is his patient
Works on a team in organized community action
Deals with administrative problems.
Must understand group behavior.

The schools of public health are the only source of the training for leaders in public health. The medical schools and the other types of basic professional schools cannot be expected to give it. Their curricula are already filled to the saturation point. It would be very wasteful to attempt to train all types of physicians, dentists, etc., to be leaders in public health and in details of the technique of dealing with health problems on a community basis.

Public health itself has changed a great deal in the United States in recent years due largely to the success of past efforts. We must teach new concepts now to prepare students for the kinds of jobs that must be done in the future. Some of the contrasts between the old type of public health and the new type may be summarized as follows:

Contrasts between

A OLD CONCEPTS OF PUBLIC HEALTH	B CONCEPTS OF THE NEW PUBLIC HEALTH
Concentration on sanitation and communicable disease control	Must deal with problems of the aging, industry, mental health, the atomic age, etc
Use of police power to accomplish results	Health education and community cooperation required to change people's ways of living as research shows what is needed
Reliance on technical skill and commonsense	Development of skills in human relations

As we attempt to solve community health problems we must go through a series of steps. Our job is to show the student how this may be done for the community he will serve just as the medical school teaches diagnosis and treatment of the health problems which the individual patient may have. The steps the public health man must take may be summarized in this way:

Steps in solving a community health problem

1 Contributions from research	2 Analysis of the natural history of the problem	3 Assessment of resources, and development of control plan	4 Implementing control plan	5 Evaluation of results
Natural sciences, social sciences, public health sciences	Epidemiology, which deals with disease in groups of people	Drawing on all available data, a control plan is made	Public health practice is concerned with putting the plan into action	Evaluation of success of the control plan, and finding gaps in knowledge where future research is needed.

One timely example of how the Nation's public health people can prepare for an emergency may be cited in relationship to the epidemic of Asian influenza with which the Nation was recently faced. There was fine cooperation of the medical profession, the pharmaceutical companies and State and local health departments, and the Public Health Service. Cases were reported promptly. Cultures were made, vaccine was prepared and given on a mass scale. We may confidently expect that the devastating epidemic of 1917-19 will not be repeated.

Another example is the health record of our Armed Forces in recent decades. Public health trained men directed the work which made this amazing record possible.

Still another important example is that of the technical assistance our public health people are giving with excellent effect in many of the less fortunate countries of the world. In this kind of work it is absolutely essential to send highly qualified people that really know what they are doing. Technical cooperation is an important part of our world struggle and we cannot afford to send second-rate people. We must maintain the good record we have already made.

How would the schools of public health use the money for which H. R. 6771 provides? Detailed results of a very recent poll of the deans will be given later. In summary, the schools plan to try to stabilize their present faculty and to expand into new areas of public health, such as hazards of the atomic age, maintaining the health of industrial workers, dealing with problems of chronic disease and the aged, with mental health and the behavioral sciences. They plan to strengthen teaching in administrative medicine and epidemiology, which are basic subjects, and to provide extension services to State and local health departments. They also hope to increase the number of students in cases where building facilities are adequate to do so. Our case is a simple one. We are training men and women for public service. Their job is to help our communities and those of our friends overseas take full advantage of the fruits of medical research. The public health schools are enthusiastic about their work and need to extend it to more students and into new fields. They hope to meet the demands of the consumers of their product—labor, management, Government officials, the farmer, and the city dweller.

FIVE STEPS

IN SOLVING A COMMUNITY HEALTH PROBLEM

1

RESEARCH

Natural Sciences Social Sciences Public Health Sciences

2

ANALYSIS OF THE PROBLEM

Epidemiology, which deals with disease in groups of people

3

ASSESSMENT OF RESOURCES AND DEVELOPMENT OF CONTROL PLAN

Drawing on all available data, a control plan is made

4

IMPLEMENTING CONTROL PLAN

Public Health Practice is concerned with putting the plan into action

5

EVALUATION OF RESULTS

Evaluation of success of the control plan, revealing gaps in knowledge where research is needed

The real problem is that though Government gets the benefits it is not paying its share of the costs H R 6771 is designed to help solve this inequity

A real danger is that our problem is so small financially compared with other current expenditures, that it may be brushed aside as unimportant

Mr RHODES We will now be glad to hear from Dr Parran, dean of the University of Pittsburgh School of Public Health Dr Parran is also former Surgeon General of the United States Public Health Service, where he served many years with distinction The people of Pennsylvania have a great admiration for Dr Parran, as I am sure the people of the country do as well

STATEMENT OF DR. THOMAS PARRAN, DEAN OF UNIVERSITY OF PITTSBURGH SCHOOL OF PUBLIC HEALTH (FORMER SURGEON GENERAL OF THE UNITED STATES PUBLIC HEALTH SERVICE)

Dr PARRAN Mr Chairman, it is a great pleasure to appear before this committee after a lapse of 10 years

During the 12-year period from 1936 to 1948 I had a number of opportunities of testifying before this committee and discussing a substantial number of health bills, most of which became enacted into law

Mr Chairman, you and the other members of the Committee on Interstate and Foreign Commerce are quite familiar with its long record of approving legislation in the interest of the national health Time and again you have demonstrated that the health of the people is of national interest and concern, a basic element in our democratic process Through a succession of laws, you have sponsored a network of National Institutes of Health—starting with cancer in 1937—designed to curb one after another major cause of ill-health and premature death Through grants to the States, programs are underway to promote general health services, maternal and child health, to control venereal diseases and tuberculosis, to aid crippled children, to provide vocational rehabilitation, to construct hospitals and other health facilities, and to control stream pollution and air pollution Through other acts, health research facilities are being constructed and health traineeships are being provided

All of this body of law—and my list is incomplete—is not the result of any one master plan, but has grown year by year since 1935 (a) As our concern for the well-being of our fellow man has broadened, (b) as the role of the Federal Government in equalizing the opportunity for health has become more clear, and (c) as an active partnership between our Government and our educational and scientific institutions has been created, working for the common good—without coercion and without sacrifice of cherished freedoms

I think this is a proud chapter in our contemporary history. As one citizen, I should like to express my humble gratitude to this and other committees of the Congress for the total result

The 11 schools of public health have an importance in our society far beyond their numbers, the numbers of their graduates, or the size of their budgets

They are the keystone to the whole public health structure of the country—Federal, State, local It is in these schools that the present public health leaders of the country have been trained, it is in these schools that the future public health leaders of the country must be trained The schools serve the foreign policy of the United States,

since 25 percent of their students come from other countries and return home in positions of administrative and professional responsibility in their ministries of health and universities.

The principle of Federal grants for health purposes was established on a firm basis in the Social Security Act of 1935, titles V and VI. One of the States purposes of title VI was the "training of personnel for State and local health work," and between 1936 and 1945, funds amounting to more than \$1 million were allotted by the Surgeon General to the States for the support of regional training centers. Twelve institutions received such grants during one or another year, and four of them received grants during the entire 10-year period. It was not until the late spring of 1945 that the General Council's Office of the Federal Security Agency gave an informal opinion to the effect that the grants which had been made during the preceding period of years were not authorized by the language of the act.

In other words, your bill, Mr Chairman, seems to me to clarify what was assumed to be the intent and the legal authorization in what originally was title VI of the Social Security Act for nearly a decade.

I should point out that in testimony before the Appropriations Committee the fact that Federal funds under title VI were being used to make grants directly to what were termed "regional training centers" was brought out.

The regulations of the Surgeon General, beginning in the year 1936, provided for funds to be taken off the top, as it were, of the total appropriation.

For example, the first regulations of the Surgeon General contained the following provisions:

III (3) (b) Training of personnel 12½ percent of the total sum available for the fiscal year 1936 shall be set aside and employed for payment as follows

- (a) to establish and strengthen suitable training centers,
- (b) to pay living stipend, tuition and travel expenses of the trainees.

The Public Health Service will arrange for the necessary teaching centers and provide through payments to the States the necessary additions to the teaching facilities of such centers.

The next year the regulations were changed somewhat because it was not possible for one state in a region to pay to another State for another school of public health the funds allocated to it. Hence, in official conference with the State and Territorial health officers the regulations for the years 1937, 1938, and 1939 provided, in XI

Training of personnel The sum of \$113,000 shall be allotted to the States on the basis of the special needs of such States for the training of personnel in approved training centers.

In other words, we considered that the presence of a school of public health in a State constituted "a special health problem" for that State. I think the testimony as to the financial burden to the States concerned bear out that thesis.

The record is clear that the Congress made available funds to be used to support these training centers and the testimony before the Appropriations Committee in 1937 and 1938 indicates acceptance of both the procedure and the purpose. I quote from the 1937 appropriations hearing, Federal Security Agency, page 718.

Question Is it intended to establish schools for this training?

Answer. Yes, and a part of the States' allotment will be utilized to assist where necessary in augmenting the services of existing institutions that might be selected as regional centers for training.

Question Is that provided by law?

Answer The law says, "including the training of personnel." It uses those words

Question Please explain more fully what you propose doing by way of training. You have told us that schools are to be set up

Answer These would not be new schools. I refer to existing institutions that are prepared or partially prepared to give this training. They would be selected to serve certain groups of States. They would become a training center for these States. Some of the schools might need assistance. The cost of that assistance for each school would be determined and would be prorated among the States served

And I quote from the 1938 appropriations hearings

By use of the training funds special courses were organized at eight training centers at strategic points throughout the country

I need not repeat the testimony already given us to what the Rhodes bill proposes to do except to emphasize, that it would authorize the allocation by the Surgeon General of not to exceed \$1 million to educational institutions, and these institutions as has been pointed out train personnel for Federal, State, and local governments primarily

One point was not entirely clear in the testimony yesterday. It is true that no new funds would be authorized under the Rhodes bill, but an additional appropriation of \$1 million would be needed. Otherwise, \$1 million would need to be taken from the current allotment and allocations and payments to the States, thereby reducing to that extent this money which the State departments of health themselves so sorely needed

Mr DINGELL You mean because of the fact that we are appropriating less money than authorized by law to carry out this program, is that right?

Dr PARRAN That is true. I think Dr David Price in his testimony earlier this morning said that the current actual appropriations are slightly in excess of \$20 million of the total of \$30 million now authorized

Thus, it has been public policy for many years for the Federal Government to assist the States in the training of public health workers. A primary source of such training is the schools of public health. For the Federal Government to help finance such training with funds already authorized, as proposed by the Rhodes amendment, would be to implement existing law

I am delighted that the Rhodes provisions are not limited. In other words, this amendment in my view represents an integral part of long-established public policy

When the grants to certain regional training centers were terminated in 1945, the schools of public health began to seek special legislation to meet in part their pressing financial needs. In successive Congresses, bills have been introduced which, while varying in detail, have sought to accomplish three purposes—

(a) to make funds available for construction of physical facilities,

(b) to provide scholarship aid for students; and

(c) to provide basic support for the operation of the schools.

Funds are needed for all three of these purposes. However, the need for scholarships is being met in large part by the provisions of the Federal traineeship program of the Public Health Service

I would emphasize that these traineeships help the individual students; they aid in our recruitment, but they do not begin to solve in any way the basic financial problems of the schools of public health, since the tuition comprises only about 10 or 11 percent of the basic instructional costs.

It has been suggested to the schools that tuition costs should be raised to cover the full costs of instruction. This matter was discussed fully at a meeting of the Association of Schools of Public Health in Cleveland on November 11, 1957. On the date of November 29 I sent to Mr. Rhodes a report of those deliberations. Without taking your time to recount the details of what I said in that letter, we pointed out that it was impossible for universities to change their own rules to have a two-price system, one which would charge full tuition to the Federal Government and another which would charge a lower rate of tuition. There are State laws in the State-supported schools of public health which are governing and cannot easily be changed. Moreover, an increase in tuition across the board for all students would price out of the market a group of students numbering in our school some 25 percent of the total who pay their own way. It is true that the cost of tuition as between the State-supported schools and the privately supported schools varies substantially. However, the actual costs also vary. If each school charged on an actual per cost basis to all students this would tend, we feel, to encourage governmental agencies and intergovernmental agencies and possibly foundations, to send their students to the schools where they got the best bargain in terms of a lower tuition, but where they would not necessarily get the best type of instruction.

Also, the suggestion put forward very seriously that the federally sponsored students should be charged in full is also not practical, since the number of federally sponsored students in a school for a given year is not an accurate measure of the educational service performed for the Federal Government by these schools because many graduates in school at their own expense frequently later go into the Federal service or other public service. In other words, it just is not practical or was for the schools to attempt to meet their financial deficits by charging the full cost of operation across the board or by having a two-price system.

I have mentioned that some of the earlier bills provided for the construction of additional physical facilities. With the exception of my own school where, through the generosity of a foundation, we have just completed a building which for the time being is modern and adequate, I feel that none of the other schools is adequately housed.

However, it has been the decision of our association that we would seek to take our chances in getting new construction of teaching facilities under the same provisions that measures now pending provide for schools of medicine, dentistry, and public health.

For example, I refer to the provisions of H. R. 7841 by Mr. Fogarty.

Mr. Chairman, the \$1 million authorized under the Rhodes bill would supply about 18 percent of the total, basic instructional costs of the 11 schools. Tuition now covers about 10 percent of the teaching costs. The remainder of the basic teaching budgets are derived from State appropriations, endowments, and gifts.

I should refer to the fact which has been mentioned briefly that all of the schools are getting some grants for individual purposes from

one or another unit of the National Institutes of Health or the United States Children's Bureau These funds are very useful, but they are made only for a limited period of years and this makes this kind of support much less valuable than continuing appropriations I should emphasize that it has long been a tradition in American institutions of higher learning that senior faculty of what is called academic tenure, that applies, generally speaking, to the associate professors and the full professors Most of the good educational institutions provide that academic tenure We cannot offer such academic tenure on the basis of these term grants of 3 to 5 years and then they being subject to the availability of funds from the Congress

I would emphasize also that these grants were designed to encourage the schools to enter new and important fields, such as heart disease, cancer, mental health, et cetera, and I repeat that while these are important topics in themselves, nevertheless the earmarked funds do not allow the degree of flexibility which is desirable

A few weeks ago, Mr Chairman, Dr Leavell, as a member of the legislative committee of the Association of Schools of Public Health, circularized the deans to ask them to what purposes they would put these additional funds With your permission I shall read the headings and would hope that the more detailed text can be included in the record

Mr RHODES It will be included in the record following your testimony

Dr PARRAN The first was to stabilize faculty, to expand into new areas of public health These areas include the health hazards of the atomic age, which is at the center of interest for a number of our schools, maintaining the health of industrial workers in defense plants and elsewhere in the economy

Problems of chronic disease and the aged The problem of mental health Administrative medicine or public health practice, and epidemiology of the chronic diseases Continued consultation and extension services to State and local health departments

In that connection, Dr Wilbur gave some very direct examples of services which our school is attempting to render to the Commonwealth of Pennsylvania This is one reason why our unit instructional cost, as reported, is among the highest

Other fields were mentioned, such as maternal and child health, dental health, medical genetics, a study of congenital malformations, et cetera

Mr Chairman, I would like to share with you some impressions I gained in the Soviet Union in August and September of this past year

At the request of our Department of State I headed a medical mission to the U S S R to study their systems of medical education, research, and health services

During 4 weeks of intensive work we visited 8 widely separated cities, 61 institutions, including health ministries, research institutions, hospitals, polyclinics, medical colleges and lower medical schools, as well as factories, collective farms, villages, public markets, sanitary installations, rest homes, nurseries, and schools

Health has a high priority in the Soviet system, and continues to have a high priority in spite of the much more publicized preoccupation of the Soviets with space travel They are intensifying their training of public health personnel. Their current ratios of physicians

to population is about equal to ours. But they are graduating 16,000 physicians each year. This is more than double our own annual output.

Also, the Soviet ratio of hospital beds to population approximates ours. They have a special institute for planning the types of hospitals best suited to countries in southeast Asia.

In short, the Soviets are training a surplus of physicians and other health technicians for export for technical assistance to underdeveloped countries, now that their internal needs are reasonably being met.

I should point out also that even at the undergraduate level, about one-third of the medical students begin to specialize either in pediatrics or what they call hygienic-antiepidemic service, or, in our terms, public health service.

In summary, Mr Chairman, the schools of public health in this country are unique among institutions of higher learning. They train, primarily, persons for the public service, and that may not be unique, but they train persons for the public service to work in public programs which are financed under basic Federal law by joint Federal-State budgets. These include not only public health services generally, as well as special activities, such as maternal and child health, crippled children, tuberculosis control, mental health, and chronic disease control among other subspecialties.

I hope it is clear to this subcommittee that the 11 schools of public health are in a critical financial situation. The private schools, such as the one I represent, find that endowment income buys less as costs have increased year by year.

Also, I would point out that I and every other dean of schools of public health recently have received from the Department of Health, Education, and Welfare, questionnaires concerning how many students we train, what our budgets are, how many additional could be trained with additional funds.

In short, Mr Chairman, the questionnaire being used by the Public Health Service will supply data 1 year more current than the data which this committee published in its staff report of 1 year ago.

Mr DINGELL At that point I think it would be fair to infer that the information that is currently being furnished to the Department will show a deterioration in the situation of a year ago. Am I correct in that?

Dr PARRAN It certainly will as far as our school is concerned, and in cloakroom conversations with several of my colleagues here yesterday I think the same thing is true of the schools generally.

I need not attempt to underscore, Mr Chairman, any further that it is unfair for the country generally to ask the taxpayers of the States of California, Michigan, Minnesota, North Carolina, the Commonwealth of Puerto Rico, to pay the cost of training health personnel for the Federal Government for other States, for other countries.

Hence, H R 6771 to some extent is an equalizing measure.

The problem, then, of keeping our educational program geared to the overall national interest in public health can be stated in quite simple terms.

1 Our graduate schools of public health must acquire far greater economic stability than they now enjoy.

2 They must be expanded very materially in order to train far more students than they can accommodate with existing facilities, and faculty

3. They merit a base of financial support commensurate with the extent of interest they serve In no instance is this local or regional, but in all instances it is national and even international

4. Continued financial support in the form of fellowships and scholarships to individuals is essential if adequate numbers of persons with requisite competence and skills are to receive graduate education in public health

It is the considered view of the Association of Schools of Public Health that the problems of training and graduate education in public health, transcending as they do State and local interests, can be solved only if approached primarily from the national point of view

The economic aspects of the problem especially are a legitimate interest of the Federal Government

In terms of upgrading the quality of public health services throughout the country, the returns from the investments made in training and education through utilization of Federal grants to the States have been incalculable A sustained national policy that recognizes the full extent of the Federal Government's obligation in this regard is essential if the public health challenges of the future are to be met To do less is to gamble, in my view, with the health security of the Nation

(The complete statement of Dr Parran follows.)

STATEMENT BY THOMAS PARRAN, M. D., IN SUPPORT OF H. R. 6771, JANUARY 29-30, 1958

Mr Chairman, you and the other members of the Committee on Interstate and Foreign Commerce are quite familiar with its long record of approving legislation in the interest of the national health Time and again you have demonstrated that the health of the people is of national interest and concern, a basic element in our democratic process Through a succession of laws, you have sponsored a network of National Institutes of Health—starting with cancer in 1937—designed to curb one after another major cause of ill health and premature death Through grants to the States, programs are under way to promote general health services, maternal and child health, to control venereal diseases and tuberculosis, to aid crippled children, to provide vocational rehabilitation, to construct hospitals and other health facilities, and to control stream pollution and air pollution Through other acts, health research facilities are being constructed and health traineeships are being provided

All of this body of law—and my list is incomplete—is not the result of any one master plan, but has grown year by year since 1935, (a) as our concern for the well-being of our fellow man has broadened, (b) as the role of the Federal Government in equalizing the opportunity for health has become more clear, and (c) as an active partnership between our Government and our educational and scientific institutions has been created, working for the common good—without coercion and without sacrifice of cherished freedoms

I think this is a proud chapter in our contemporary history. As one citizen, I should like to express my humble gratitude to this and other committees of the Congress for the total result

The 11 schools of public health have an importance in our society far beyond their numbers, the numbers of their graduates, or the size of their budgets.

They are the keystone to the whole public-health structure of the country—Federal, State, local. It is in these schools that the present public-health leaders of the country have been trained, it is in these schools that the future public-health leaders of the country must be trained. The schools serve the foreign policy of the United States, since 25 percent of their students come from other countries and return home in positions of administrative, and professional responsibility in their ministries of health and universities

The principle of Federal grants for health purposes was established on a firm basis in the Social Security Act of 1935, titles V and VI. One of the stated purposes of title VI was the training of personnel for State and local health work, and between 1936 and 1945, funds amounting to more than \$1 million were allotted by the Surgeon General to the States for the support of regional training centers. Twelve institutions received such grants during one or another year, and four of them received grants during the entire 10-year period. It was not until the late spring of 1945 that the General Council's Office of the Federal Security Agency gave an informal opinion to the effect that the grants which had been made during the preceding period of years were not authorized by the language of the act.

Thus, it has been public policy for many years for the Federal Government to assist the States in the training of public health workers. A primary source of such training is the schools of public health. For the Federal Government to help finance such training with funds already authorized, as proposed by the Rhodes amendment, would be to implement existing law. The Rhodes amendment represents an integral part of long-established public policy.

When the grants to certain regional training centers were terminated in 1945, the schools of public health began to seek special legislation to meet in part their pressing financial needs. In successive Congresses, bills have been introduced which, while varying in detail, have sought to accomplish three purposes: (a) to make funds available for construction of physical facilities, (b) to provide scholarship aid for students, and (c) to provide basic support for the operation of the schools. Funds are needed for all three of these purposes. However, the need for scholarships is being met in large part by the provisions of the Federal traineeship program of the Public Health Service.

It has been suggested to the schools that tuition costs should be raised to cover the full costs of instruction. This matter was discussed fully at a meeting of the Association of Schools of Public Health in Cleveland on November 11, 1957.

In view of the above and other practical considerations, the inescapable conclusion is that it would be extremely difficult, if not impossible, for the universities concerned to effect an increase in tuition to full cost for federally sponsored students in their schools of public health. Furthermore, there are grave doubts that it would be feasible and in the best interests of public health to do so, even if it were possible.

As regards construction of physical facilities, the schools of public health feel that we should join with the schools of medicine and dentistry in securing such aid as would be provided, for example, by H. R. 7841 (Mr. Fogarty).

The \$1 million authorized under the Rhodes bill would supply about 18 percent of the total, basic instructional costs of the 11 schools. Tuition now covers about 10 percent of the teaching costs. The remainder of the basic teaching budgets are derived from State appropriations, endowments and gifts.

Included among the gifts are teaching grants made to the schools by the National Institutes of Health and by the United States Children's Bureau. These funds are very useful, but are made only for a limited period of years, which makes this kind of support much less valuable than continuing appropriations. Moreover, the grants are for designated purposes, such as heart disease, cancer, mental health, etc. While these are important topics in themselves, nevertheless the earmarked funds do not allow the degree of flexibility which is desirable.

WHAT WOULD THE SCHOOLS OF PUBLIC HEALTH DO WITH THE FUNDS FOR WHICH H. R. 6771 PROVIDE?

This question was asked of the deans of the schools and their replies are summarized below.

Stabilizing faculty

In numerous instances, because of the lack or uncertainty of finances to pay teachers, it has been difficult or impossible to attract or hold the experienced, productive and imaginative faculty which the schools need so desperately. Several schools have said they would use a portion of the new funds to stabilize their faculty so they might concentrate on their major job of teaching and research, instead of spending a large part of their time trying to raise funds. It seems certain that if there can be assurance of a moderate amount of firm financial support, it will be possible to recruit and hold the kind of teachers the Nation needs in its public health schools.

Expanding into new areas of public health

The schools should continue to lead in public health thinking and planning. Public health in the United States faces enormous new problems which cry for solution, and the public health schools should have sufficient financial resources so they can study these problems, keeping in touch with experimental work going on elsewhere, and working with governmental and other professional health agencies to apply in the community and Nation the new knowledge coming from the laboratories in this and other countries.

Health hazards of the atomic age

The rapid increase in the use of nuclear power during the years ahead will bring in its train a vast number of difficult health problems for which satisfactory solutions must be found. The use of nuclear reactors as sources of radiation presents comparable technical problems and health hazards. Also, the atomic age is introducing toxic chemical materials with which there has been no previous experience. These include elements previously known only in minute amounts which are being produced now in ton quantities. Synthetic compounds of radically new character are being introduced as new materials in reactor design. As a result, an unknown number of chemical hazards will be added to those of radioactive nature.

The maintenance of public health and safety requires that knowledge of these new hazards and their control must precede any large development of atomic industry. A new kind of health expert is required—one whose training encompasses a far broader scientific area than heretofore and who has an adequate understanding of the physical and physiological effects of this new factor in man's environment, and who also has an understanding of the important social, economic and legal factors that enter into his responsibilities.

Industry will, of course, train their operating personnel, but it cannot produce the highly qualified expert who can bridge the gap between conventional public health and the responsibilities of the engineers, physicists, and chemists in nuclear technology.

In our school of public health, a program of research and training in radiation health has been started with the cooperation of other units of the university in this new field of radiation health.

Maintaining the health of industrial workers in defense plants and elsewhere in the economy

Modern industry introduces many hazards to the worker and often to the surrounding community as well. Men must be trained to control these dangers.

Labor unions have pursued an enlightened course in relation to health protection and medical care for their members, and management has also seen the value of negotiating "fringe benefits" contracts designed to meet the workers' health needs. Men skilled in medical care administration are needed to organize and administer programs of this type. The public health schools would like to help provide such men.

Problems of chronic disease and the aged

The successes of public health in controlling so many of the acute communicable diseases have been phenomenal, and to be sure, this battle is not yet over. Nevertheless, success up to now has been sufficiently great to so increase life expectancy that we are now faced with problems of aging and the chronic diseases that most of those of our grandfathers' generation previously did not live long enough to suffer from.

Present and future generations of public health workers now need education in the ways of dealing with heart disease, cancer, diabetes, arthritis, etc. It is to them we look for community coordination of separate programs heretofore built upon an individual basis. They are the persons to whom the community may look for knowledge and understanding of the whole community health. The public health schools have an obvious responsibility in this area, and they would like to have the resources to meet it.

Mental health

We are coming to realize that with mental disease filling half our hospital beds, we must try to find and to use measures which will promote mental health. It is uneconomic to build more and more beds, and even with the new tranquilizer drugs, our success in treating mental disease after it has already developed leaves much to be desired.

The public health worker is trained to mobilize community resources and to get people to work together, enlisting the help of many hands. All the health

department nurses, the school teachers, social workers, ministers, priests, and rabbis must take a hand in this job. This is the kind of approach the schools of public health have been teaching for years. Now it must be extended into the mental health field.

Administrative medicine or public-health practice, and epidemiology

These subjects, together with biostatistics, are the basic public-health sciences. They deal with health and disease among groups of people, and with organizing and administering community programs to reap the harvest of laboratory research and make it available to the people.

These are the backbone subjects of the schools of public health, which make them what they are. In a number of schools, they are very inadequately supported at present.

Consultation and extension services to State and local health departments

The agricultural colleges, established by Federal grants in most cases, have built up vigorous and effective extension services which countries in many parts of the world have copied.

It is to set up a somewhat comparable service in the health field (on a much smaller scale) that many of the public-health schools would hope to have additional funds. Demands for these services are insistent, but resources to provide them are not available.

Other fields

Other services, such as maternal and child health, dental health, medical genetics, study of congenital malformations, etc., are areas in which certain schools feel there is need for stronger programs.

Education in the health sciences in the Soviet Union

In August-September 1957, at the request of our Department of State, I headed a medical mission to the U.S.S.R. to study their system of medical education, medical research and health services. During 4 weeks of intensive work, we visited 8 widely separated cities, 61 institutions—health ministries, research institutes, hospitals, medical colleges, and lower medical schools, as well as factories, farms, villages, public markets, sanitary installations, rest homes, nurseries and schools.

Health has a high priority in the Soviet system, and their training of health personnel is being intensified. Their current ratio of physicians to population is about equal to ours, but they are graduating 16,000 physicians per year, this is more than double our annual output. The Soviet ratio of hospital beds to population likewise approximates ours. They have a special institute for planning the types of hospitals best suited to countries in southeast Asia. In short, they are training a surplus of physicians and other health technicians for export for technical assistance to underdeveloped countries, now that their internal needs are reasonably being met. Even at the undergraduate level, nearly one-third of the medical students begin to specialize either in pediatrics or for the hygienic-anti-epidemic service.

Summary

The schools of public health are unique among institutions of higher learning: they train, primarily, persons for the public service, they train persons to work in programs financed by joint Federal-State budgets. These include public health services generally, as well as special activities, such as maternal and child health, crippled children, tuberculosis control, mental health, and chronic disease control.

The 11 schools of public health are in a critical financial situation. The private schools find that endowment income buys less as costs have increased year by year.

It is unfair for the country to ask the taxpayers of California, Michigan, Minnesota, North Carolina and Puerto Rico to pay the costs of training health personnel for the Federal Government, for other States, and for other countries. Hence, H. R. 6771 to some extent is an equalizing measure.

The problem, thus, of keeping our educational program geared to the overall national interest in public health can be stated in quite simple terms:

1 Our graduate schools of public health must acquire far greater economic stability than they now enjoy.

2 They must be expanded very materially in order to train far more students than they can accommodate with existing facilities.

3 They merit a base of financial support commensurate with the extent of interest they serve. In no instance is this local or regional, but in all instances it is national and even international.

4 Continued financial support in the form of fellowships and scholarships to individuals is essential if adequate numbers of persons with requisite competence and skills are to receive graduate education in public health.

It is the considered view of the Association of Schools of Public Health that the problems of training and graduate education in public health, transcending as they do State and local interests, can be solved only if approached primarily from the national point of view. The economic aspects of the problem especially are a legitimate interest of the Federal Government. In terms of upgrading the quality of public health services throughout the country, the returns from the investments made in training and education through utilization of Federal grants to the States have been incalculable. A sustained national policy that recognizes the full extent of the Federal Government's obligation in this regard is essential if the public health challenges of the future are to be met. To do less is to gamble with the health security of the Nation.

THOMAS PARRAN, M. D.,

Dean, Graduate School of Public Health, University of Pittsburgh

Mr RHODES Thank you, Doctor. Are there any questions, Mr Heselton?

Mr HESELTON Doctor, there is one point I would like to have you comment on a little further, if you would.

I notice in the staff report, covering the period of 1950 to 1955—and I don't have the exact figure as to the number of graduates, but I think it roughs out to about 1,000 a year—about 15 percent employed by the Federal Government, 55 percent by the State and local health departments, and 22 percent by the voluntary agencies.

Further in the report there is indication of support in the way of aid to students, I take it, from foundations and voluntary agencies.

In the first place, is there a distinction between the foundations and voluntary agencies?

Dr PARRAN Generally speaking there used to be. The foundation might be defined as a tax-free organization which has capital assets and which spends its income and perhaps some of its capital assets each year while the voluntary agency is defined as an organization which raises its funds primarily through annual drives from a wide sector of the public.

However, in this latter category more recently we have the National Foundation for Infantile Paralysis, for example, which I think more properly can be termed a voluntary health agency.

Mr HESELTON. What I am interested in particularly is this. If roughly 20 or 22 percent of the graduates in the last 5 or 6 years—and I assume that pattern may extend farther back—go to the voluntary agencies, what contribution do the voluntary agencies make toward a solution of the problem you have outlined to us?

Dr PARRAN To cite the National Foundation for Infantile Paralysis, it has given a substantial number of fellowships and scholarships, initially to train persons skilled in physical medicine, more recently to train persons in preventive medicine broadly. Under this heading of voluntary agency also, I think we will find included those graduates who are serving on the faculties of schools of medicine.

Mr HESELTON My impression has been that the voluntary agencies, while they vary in the amounts that the public gives to them, constitute a very substantial portion of the support of efforts to solve some of these problems in the major diseases—heart disease, cancer, tuberculosis, and so forth.

What approach has been made to them with this problem and what response has been given by them toward a solution of the problem?

Dr PARRAN As an association I am not aware that we have made a united approach I know that individual schools of public health have sought and received (a) grants for specific research projects or programs, and (b) fellowships and scholarships for individual students.

Mr HESELTON Do I understand that no approach specifically has been made in terms of the presentation that this subcommittee now has as to the vital need of more assistance through the Federal Government primarily at this moment?

Dr PARRAN Approaches have been made and continue to be made to the foundations, as I have defined them earlier

Mr HESELTON I understand that. But I am confining myself to voluntary agencies

Dr PARRAN As far as I know no joint approach has been made by our association as such Perhaps Dr Stebbins or Dr Leavell can correct me

Dr LEAVELL I think it has been on an individual basis and the answer has been generally, sir, that this is a problem for the Federal Government, why don't you get the money from them? That has been the usual answer

Mr. HESELTON If a fifth of the graduates are participating in the work of voluntary agencies it raises a question as to how much significance they attach to the very critical problems we must recognize exist because of the limited number of public health schools in terms of the magnificent work you men have been doing. I do not have any idea of what the total amount of public contributions to voluntary agencies were the last fiscal year. I suspect that it runs into several millions of dollars I am wondering if you can appeal to them as you have to the conscience of the public through the Members of the Congress, and, more specifically, through the members of this subcommittee I am certain they would be sympathetic.

On the other hand, they are confronted, as you are all aware, with other problems of what seem to be an equally pressing nature.

I am wondering whether the responsible officials in the voluntary agencies could not be persuaded to take a fresh look.

I have this in mind more than anything else. You have suggested, Dr. Parran—and I think quite properly—that there is a certain degree of instability in the whole picture You cannot count on adequate funds from one year to another.

I realize how difficult it is to make any plans over a period of time when you have to depend on congressional appropriations.

As I understand Mr. Rhodes' bill—and I realize the complete sincerity and earnestness with which this resolution has been presented to us—in the final analysis you will be depending each year on the appropriations, if we recommend the authorization, and assuming that the Congress passes it. Each year, as you well know, you are going to depend upon the action of the Appropriations Committee, the action of the Congress and of the President in terms of how much money you will get each year. You cannot see ahead with any degree of certainty.

These voluntary agencies are not bound by any such proscriptions They can, if they choose, it seems to me, study the problem a little more carefully in terms of the benefits they secure—and they represent

the public, too—and offer you something more than has been suggested.

Perhaps I am wrong about it, but you suggested that there has been no affirmative response made. It seemed that they might well examine their own consciences rather than that Congress should re-examine its own conscience constantly as to how much they can afford in appropriations. There are changing conditions which will affect the matter.

I do not mean to preach, but I am just throwing out the suggestion that we ought to hear from that field before we get through.

Dr PARRAN Mr Chairman, may I thank Mr Heselton for his comments. Speaking as the chairman of the legislative committee of our association, I think I can say that our association would be very happy to have this statement in the record as a basis for a general approach by the Association of Schools of Public Health to certainly the larger national voluntary health agencies.

Mr RHODES Thank you, Dr Parran Mr Dingell?

Mr DINGELL No questions Thank you, Mr Chairman

Mr RHODES Dr Neal?

Dr NEAL At least, General, we can say that the public health schools are furnishing leadership to these voluntary agencies, can we not?

Dr PARRAN In substantial measure, yes.

Dr NEAL You spoke of your observations in Russia. While they seem to be preparing a much greater number of physicians than we are in this country and as you see perhaps the reason that they want to do it is to send them out to various parts of the world for the purpose of disseminating favorable Russian knowledge, what is the situation within Russia itself as to the ratio between physicians and population?

Dr PARRAN As of 1957 they have almost the same ratio of physicians to population as does the United States.

Dr NEAL In spite of the fact that they are continuing to educate twice as many students as we are?

Dr PARRAN That is correct.

Dr NEAL That is all. Thank you.

Mr RHODES Dr Parran, I believe you did say that a time limit would not be to the best interests of these schools, if there were a time limit set on this proposal.

Dr PARRAN Very definitely, Mr Chairman, a time limit would be a hinderance just as a delay in my view would be unsound because of the urgency of the situation. Our schools would prefer to have some reasonable assurance of continuing basic support than larger amounts of term support. As to whether or not the recommendations of the national conference referred to by Dr McGuinness and Dr. Price would be different from what is proposed in the Rhodes bill, it seems to me, is beside the point because presumably this same committee will be hearing the recommendations of the national conference. It is relatively easy to amend a law. If the need should not continue by any stretch of the imagination into the distant future, it would not even be necessary to repeal the act. The Appropriations Committee each year, during my 12 years of experience here, takes a very searching look at the performance of each of the Government

departments under every provision of existing law, and, as has been pointed out, this bill is an authorization and not a requirement

In the first instance the Department of Health, Education, and Welfare and the Budget Bureau may not make a recommendation or may make a smaller allocation

In the second instance, the Appropriations Committees of the Congress have full freedom to reduce or to terminate such appropriations

Mr RHODES Dr Parran, something has been said about a formula for the allocation of these funds Do you think that would be a good thing or do you think it should be left to the Department of Health, Education, and Welfare?

Dr PARRAN Mr Chairman, I think it would be very unwise for the Congress to attempt to write a detailed formula One should recall, as I am sure the members of this committee do recall, that the authorization for \$30 million is allocated to the States on the basis of population, the average per capita income, and the special health needs In addition, for venereal disease and tuberculosis there are special health needs in respect of those diseases Congress has very wisely not set up a percentage of any of the funds under section 314 (c) or the subsections dealing with venereal disease and tuberculosis as to what percentage should be allocated on either one of these three bases

Hence, if you trust the Surgeon General, as you very wisely have trusted him, to make a reasonable allocation of the \$30 million or whatever amount is appropriated under that ceiling, and I would hope—then I would hope you would trust him similarly to use wise discretion in allocating this \$1 million

In addition, the legislative committee of our association within the past 2 weeks met with Surgeon General Burney and Dr McGuinness. We raised the question about regulations and he very properly said until after the law was enacted he obviously would have no comments to make as to what the content of such regulations would be But he did say that before promulgating such regulations, if this bill is enacted, he would confer, as he is required to do under the law, with a conference of State and Territorial health officers and in addition would confer with the deans of the 11 schools concerned

Mr RHODES If the Congress were to approve this proposal, Dr. Parran, how would your school share in the \$1 million?

Dr PARRAN Let us just strike some averages The assumption is that every school would get X percentage of the money as a sort of basic grant. Then the remaining percentage would be allocated on the basis of the number of students or the need of the school or other factors But assuming that our school at Pittsburgh would get one-eleventh of the amount, I can give you some specific budget figures which apply to the next fiscal year, beginning July 1, 1958

Our estimated expenditures are as follows

For endowed academic salaries, \$375,000 For term academic salaries supplied through one or another National Institute of Health and the Children's Bureau, \$115,000 For other salaries of personnel, clerical and other, and operating expenses, \$200,000 For building maintenance, \$150,000

This makes a total budget of \$845,000

Offsetting we have the following prospective income Income from endowment, \$375,000; tuition, \$60,000. Overhead—indirect costs at

the rate usually of 15 percent or less—for research grants and contracts, \$75,000. Gifts, including the Federal National Institutes of Health and Children's Bureau grants, \$115,000

A total estimated outgo of \$845,000, a total estimated income of \$625,000, leaving a deficit of \$220,000, which must be paid by the university. In addition I should say the university also will retain its overhead costs of admission, the chancellor and the vice chancellor, the business office, et cetera

We would not use the \$90,000 to reduce this particular deficit since our university, as poor as it be, has undertaken to see that this deficit is met. We would use the funds to employ additional key personnel on tenure, to expand into some of the new fields which have been mentioned, to staff our faculty more in depth. We are not staffed in sufficient depth to answer calls for service from Doctor Wilbar in Harrisburg and our local health department and other calls for public service

Mr HESELTON Would you yield at that point for one question?

Mr. RHODES Yes

Mr HESELTON If you do that, what happens to the lack of adequate personnel in the State of Pennsylvania and county units, and so forth?

Dr PARRAN We shall be prepared on the hypothesis I have just set forth and the financial facts I have just set forth, to admit 35 or 40 percent more students than we admitted this year

Mr HESELTON With that additional sum of money?

Dr PARRAN Yes

Mr DINGELL Would it be fair to assume that other schools would be able to expand in a similar manner if this change in the Federal law goes through?

Dr PARRAN Unfortunately, Mr Dingell, they cannot, primarily because of their lack of physical facilities. As I pointed out, we are in a unique position in just having completed a new building and hence have the added space in which to carry on the teaching. I am sure that Dr Leavell, if he wished, could put in the record statements from other deans as to what additional number or percentage of students one or another school would be able to admit

However, if the Federal grants for construction of teaching facilities in schools of public health should be passed—Mr Fogarty's bill to which I have referred—our sister institutions would hope to get their fair share and hence would be able substantially to increase enrollment

Mr DINGELL This increase of 35 to 40 percent in production of trained people that your school would put into effect if this bill were passed would enable a substantial increase in the number of personnel available to State and Federal and local agencies for public health programs.

Dr PARRAN That is correct

Mr DINGELL But it would also enable an increased number of teachers and research people in this field

Dr PARRAN. You are correct

Mr. DINGELL May I ask Dr. Leavell if he could give us a projected increase that would occur as the result of this passage?

Dr LEAVELL Yes, sir. We do have estimates from the various schools about the numbers of students that they might be able to take additionally. It is fortunate that you asked Dr Parran this

question first, because his percentage is the highest. A number of the schools have indicated that they could take 10 or 15 percent additional students with no more additional funds than would be provided under Mr Rhodes' amendment. One or two have said, "We are completely swamped with our existing facilities and would not be able to take additional students."

We can't give you an overall percentage, but there would be a substantial increase. Dr Parran's is the highest percentage of any of the other schools.

Mr DINGELL Would you give us any idea of the order of magnitude of increase?

Dr LEAVELL The total number of graduates is about 500 or more a year. I would think it would be fair to estimate that the number of additional students overall would probably be something like 10 or 12 or 15 percent. This would have to be an estimate at this time.

Mr DINGELL Thank you very much.

Mr RHODES Dr Leavell, would you submit a summary of that information for the record?

Dr LEAVELL Yes, sir.

Dr PARRAN May I make an alternate suggestion? Our schools currently are collecting precisely this information for the Public Health Service. The deadline is to have that information available to the Public Health Service within the next few weeks.

Would Dr Leavell agree perhaps that would be the best source?

Dr LEAVELL I think we could get it very promptly; yes, sir.

Mr HESELTON Mr Chairman, may I make one further request. This may have been covered, and if so, I apologize for asking for it again. I assume you have some figures on applications of qualified people who want to enter the various schools but cannot be admitted because of a lack of facilities or teaching staff or other reasons. If I am right on that, could you give us those figures of people who are barred from going but are qualified and could be admitted if you were in a position to take them? If that is already submitted or suggested, do not duplicate it.

Mr DINGELL I wonder if Dr Leavell would want to submit the same information to us not only for the University of Pittsburgh but for the Nation. This is not only a problem of insufficiency of funds to do the job, but even lack of facilities to train the people who are desirous of entering this field.

Dr. LEAVELL Yes, sir.

(The information referred to follows:)

HARVARD SCHOOL OF PUBLIC HEALTH,
Boston, Mass., March 9, 1958.

Hon JOHN W HESELTON,
Health and Science Subcommittee,
House Committee on Interstate and Foreign Commerce,
Washington, D C.
(Attention. Subcommittee Staff)

DEAR CONGRESSMAN HESELTON On behalf of the Association of Schools of Public Health, I submit the following information which was requested by you during the Health and Science Subcommittee hearing on H. R. 6771.

1. Breakdown of number of students by schools

School	1956-57 enroll- ment graduate and spe- cial
California	116
Columbia	123
Harvard	136
Johns Hopkins	125
Michigan	154
Minnesota	155
North Carolina	109
Pittsburgh	79
Puerto Rico	60
Tulane	53
Yale	49
Total	1,159

2. Applicants turned away for lack of teaching funds in the schools

The situation may be described in a general way although none of the schools have been tabulating figures that would answer the question directly. Assuming that an applicant is qualified for admission to a school, the final decision often turns on whether the department in which he wishes to major has sufficient staff and financing to accommodate him. For example, lack of funds has resulted in several vacancies in key teaching positions in the department of public health practice at the Harvard School of Public Health. The department has therefore been forced to set a limit as to the number of students which it can accept as majors for the coming academic year and the admissions committee is so notified. This will mean that, once the department's quota is filled, applicants who wish to major in public health practice at Harvard will have to be turned away even if they are qualified. Similar limits are set by other departments which are not adequately staffed and financed. At the same time, the limits of classroom and teaching laboratory space force the school to hold the total enrollment to a rigid maximum at present. Fourteen qualified students were turned down last year because of lack of space, in addition to an uncounted number whose applications were not processed because it was known that they could not be accommodated in the department in which they wished to major. Reports from the deans of the other schools indicate that the Harvard situation in this respect is typical.

3. Increased enrollment that would be made possible by passage of H. R. 6771.

As indicated above, substantial increases in enrollment are prevented by present space limitations in most of the schools. Also it should be pointed out that lack of funds has already forced some of the schools to curtail teaching programs and to reduce the number of teachers. Thus the effect of new funds as proposed in H. R. 6771 would be that some schools could restore cutbacks or could forestall having to make cutbacks in the immediate future. Nevertheless, there would be a net gain in enrollment in the schools of public health if H. R. 6771 is enacted. Perhaps the most significant advance would be taken by those schools which have had to restrict enrollment of students majoring in certain fields. Unrestricted funds as proposed in H. R. 6771 could be applied to those fields with the result that increased number of students could be admitted as majors in those fields. For example, the department of public-health practice at Harvard could fill its vacant teaching positions and increase appreciably the number of students majoring in this field which bears directly on the shortage of public-health workers in operating health agencies throughout the country. The deans of the schools of public health have commented on this question as follows:

California "Some additional numbers in the 'uncovered' areas would come."

Columbia "Would not be able to increase students without more space."

Harvard "Harvard would be able to avoid a reduction in the general student body and would be able to increase the number of advanced doctoral students by 20 to 30 percent."

Michigan "We estimate possible increase in enrollment would be 20 to 25 percent at graduate level."

Minnesota "Could take about 20 percent more graduate students, in some categories (such as physicians) more, in some less."

North Carolina "Funds would be used in University of North Carolina School of Public Health to increase numbers of students in most critical areas of shortage."

(epidemiology, chronic disease and gerontology, radiological health and air pollution, advanced training as teachers) to the extent of physical facilities"

Pittsburgh "With the availability of new funds it is anticipated that the present enrollment of 100 could be increased by 40 percent to make a total of 140 students in the school"

Puerto Rico "With adequate Federal support could strengthen current program and present commitments and consider increase of about 10 students"

Tulane "Present facilities and faculty at Tulane barely adequate for present enrollment"

Yale "Add some 10 percent to group of about 50"

4 Report of attempts to obtain teaching assistance from voluntary agencies

The term "voluntary agencies" is taken to mean organizations such as the American Cancer Society, the National Foundation for Infantile Paralysis, and the American Heart Association which obtain their funds through annual gifts from the general public. While the Association of Schools of Public Health has not made a concerted effort to obtain unrestricted teaching funds from such agencies on behalf of the member schools, individual schools have made repeated efforts to obtain such funds from various voluntary agencies. To date, each of the voluntary agencies has tended to restrict its grants to (1) study and research fellowships providing tuition and living stipends for students and, (2) support of research in the specific field of the agency's interest. While we have seen no formal statements by voluntary agencies in regard to unrestricted teaching assistance, it seems logical to assume that each agency feels that, since its funds were given by the general public in the name of a specific disease or other health problem, the agency is therefore obligated to relate its grants to that particular disease or problem. If this is true, it would follow that no such agency would feel free to give the kind of unrestricted teaching assistance which the schools of public health need so badly in order to bolster their programs at their weakest points. It should be emphasized that the particular needs of the schools vary greatly. One school may be fortunate enough to have unrestricted endowment or other long-term financing which provides adequate support in a given field while another school may lack financing for the same field and at the same time be well supported in a field for which the first school is in need of funds. In short, the problem of the schools in trying to obtain teaching assistance from the voluntary agencies is that most agencies' interests are restricted while the schools' most pressing need is for unrestricted support. As has been brought out in the testimony, the categorical grants which the Federal Government makes available from time to time to the schools are helpful but only in a limited way. The primary need is for unrestricted teaching assistance such as would be provided by H. R. 6771.

5 Deficits in the various schools

The attached table indicates that there is an effective deficit totaling \$1,417,201 in the 11 schools of public health during the current academic year 1957-58.

With best wishes,

Sincerely,

HUGH R. LEAVELL, M. D., Dr. P. H.,

*Professor and Head of Department of Public Health Practice and Assistant
Dean.*

Deficits incurred by schools of public health

	Actual deficit met by school ¹			Actual deficit met by university or other source ²			Out-of State students paid for by State university ³			Suspended programs due to lack of funds ⁴			Total for 1957-58
	1955-56	1956-57	1957-58	1955-56	1956-57	1957-58	1955-56	1956-57	1957-58	1955-56	1956-57	1957-58	
California	(6)	(6)	(6)	(6)	\$169,200	\$186,490	\$201,460	\$137,225	\$167,078	\$150,383	(6)	(6)	\$150,283
Columbia											(7)	(7)	201,460
Harvard	(6)	(6)	(6)	(6)									100,000
Hopkins	\$91,148	\$48,650	\$112,680	(6)	(6)	(6)				\$23,500	\$65,500	32,500	145,180
Michigan	(6)	(6)	(6)	(6)	None			47,792	67,852	465,930			465,930
Minnesota	9,362	9,969	10,000				135,269	127,835	81,103				91,103
North Carolina								186,777		30,000	30,000	30,000	216,777
Pittsburgh ¹⁰													
Puerto Rico	(6)	(6)	(6)	(6)	12,353	22,939	28,210	17,445	18,645	18,158			18,158
Tulane													28,210
Yale										(11)	(11)	(11)	
Total	100,510	58,619	122,680	181,553	209,429	229,670	337,731	381,410	902,351	53,500	95,500	162,500	1,417,201

¹ Deficit met by school by spending capital, reserves, or funds intended for future years² Deficit met by parent university from endowment or other nonschool of public health funds³ Deficit represented by amount paid by State for teaching out-of-State students⁴ Deficit represented by teaching positions unfilled and programs suspended for lack of funds in given year⁵ Not permitted.⁶ Not providing programs we should like to provide⁷ Not able to meet needs⁸ Harvard. In budgeting for 1957-58 there was a cutback of \$100,000 due to lack of funds for 5 teaching positions previously filled and for field operations formerly conducted. In addition, lack of funds prevents the school from appointing teachers and conducting programs at an estimated salary and expense cost of \$250,000 (annually)⁹ No endowment¹⁰ Pittsburgh. Deficit was discussed in Dr. Parran's testimony before the committee¹¹ Vacancy, head of maternal and child health section

Mr RHODES Thank you, Dr Parran, for your very fine statement

Dr PARRAN Thank you, Mr Chairman, for the opportunity of testifying

Mr RHODES Before we adjourn, I would like to ask that the witness for the ICA, Dr Campbell, include a summary of the ICA and Puerto Rico contract for the record I understand that the school makes an agreement for the training of a lot of students from South America I think it would be well to have that information for the record

Dr CAMPBELL I am prepared, sir I have the statement and it can be included in the record

Mr RHODES Thank you very much

(The information referred to follows)

STATEMENT ON PUERTO RICO AS A TRAINING CENTER FOR ICA PUBLIC HEALTH PARTICIPANTS

Much of the increased activity in public health in 40 countries around the world and especially in the South and Central American Republics during the past 15 years has been stimulated by the International Cooperation Administration's cooperative health programs One aspect of these programs has been the ever increasing need for training in public health Hundreds of students have been trained in the United States and many from countries where facilities are lacking have been encouraged to go to Lebanon, Brazil, Chile, or Mexico However, by 1953 the demand for instruction in the Spanish language had exceeded the facilities A study of the problem revealed that—

1 A large number of qualified candidates were present in the Latin American countries who lacked only a knowledge of English

2 Puerto Rico would be a logical place to provide United States type of public health training in the Spanish language

3 The basic university and medical school facilities already existed in Puerto Rico as a support structure for a school of public health

4 The Commonwealth of Puerto Rico was interested in embarking on this project if some financial support could be secured from ICA

Under authority of section 307 of the Mutual Security Act (formerly sec 405 (d) and (e) of the Act for International Development), ICA entered into an agreement with the Commonwealth of Puerto Rico to assist the ICA participant training program through the creation and development of a school of public health at Puerto Rico with instruction to be in the Spanish language

There had been a tropical medicine course of a rather limited and specialized nature in Puerto Rico for a number of years but not until the ICA program was formulated did the university decide to embark upon the development of a full-scale school of public health

In consideration of the fact that this course was set up for ICA to meet this regional need we agreed to pay the salaries of certain professors, buy specialized equipment, materials, and supplies and other items necessary to setting up a full-scale course For these services during the first 3 years, ICA paid a total of approximately \$185,000 and, in addition to setting up the full public health curriculum, 51 participants were trained, an average cost of \$3,600 per student per year

Resulting from the experience gained during the first 3 years of operations under the contract and in order to simplify the funding arrangements we renewed the agreement on a basis of a fixed amount of \$3,000 per capita, per year, for a maximum of 35 participants ICA has 28 participants enrolled at the Puerto Rico School of Public Health this current school year

Nearly all of these participants from the Central and South American nations have their travel costs paid by their own governments Furthermore, either their full salary or a part of it is continued while they are in school

Thus, in addition to making this payment to the Commonwealth (\$3,000 per capita), we also pay the normal participants costs which are approximately as follows

Per diem	-----	\$3, 100
Books	-----	120
Miscellaneous	-----	80
Total	-----	3, 300

Table I shows the number of ICA-sponsored participants at the Puerto Rico School of Public Health. Of particular note is the significant growth in the number each year from the beginning. By virtue of the fact that instruction at Puerto Rico is in the Spanish language, it serves the needs of the Commonwealth of Puerto Rico as well as the increased needs of the South American nations, Spain and the Philippines.

ICA believes that part of its success has been in the promotion and development of local training institutions in cooperating countries and during these years the growth of the schools of public health at Beirut, Lebanon, São Paulo, Brazil, Santiago, Chile, Mexico, and Puerto Rico represent important facilities to advance public health practices in the underdeveloped countries.

The greatest need for advanced training in public health is in the Far East and South Asian area and it appears certain that for years to come the demand for training of students from these areas in the American schools of public health will outweigh the demand from our southern neighbors.

UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE

TABLE I — *Sponsorship of students registered in the department of preventive medicine and public health academic years 1954-55 through 1956-57*

Sponsorship	1954-55	1955-56	1956-57	Total
1 International Cooperation Administration	1(5)	1 23 (1)	1 21 (1)	51
2 World Health Organization	5	15	13	33
3 U S Public Health Service	--	--	4	4
4 Veterans' Administration	--	6	4	10
5 Scholarships Commonwealth of Puerto Rico	75	21	61	157
6 Rockefeller Foundation	--	--	2	2
7 Private sponsorship---	--	47	48	95
Total....	85	113	154	352

¹ Numbers in parentheses indicate short term participants

Mr RHODES I want to thank all you gentlemen for your cooperation and the information you have given us. You can be sure that the committee will give very careful study and consideration to this proposal.

(Thereupon, at 1 15 p m , the hearing in the matter of H R 6771 was closed)

X